



Cedar Lake Police Department

7408 Constitution / P.O. Box 305

Cedar Lake, Indiana 46303

Phone 219-374-5416 Fax 219-374-9231

Personal Injury Waiver Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

Re: Applicant Name: _____

Birth Date: _____

Social Security Number: _____

I _____ respectfully request and do hereby authorize you to furnish to the Cedar Lake Police Department any and all information that you may have concerning my work record, military record, reputation, financial credit status, membership information, and criminal history information. This information may be used to assist the Town of Cedar Lake in determining my qualifications and fitness for a position that I am seeking with the Town. A copy of this form may substitute for the original.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature:

Date:

Street Address/ Apt Number, City, State, Zip Code

STATE OF: _____

COUNTY OF: _____

Before me personally appeared, the said _____ who says that he / she executed the above instrument of his / her own free will and accord, with full knowledge of the purpose therefore. Sworn to and prescribed to in my presence this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

**Cedar Lake Police Clerks are Certified Notary Public and will perform this service for you at the time the applications are returned.