

Wilmington Police Department Personal Inquiry Waiver Authority for Release of Information

I hereby authorize full disclosure to the **Wilmington Police Department** of all information concerning me, requested for the purpose of determining my qualification and fitness for employment by the **Wilmington Police Department**. This may include, but is not limited to, my work record, criminal record, driving record, military service record, school record, financial and credit status, general reputation, medical reports (including drug screening), and psychological reports of any type regardless of their otherwise confidential nature.

I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the **Wilmington Police Department** will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

Applicant's Printed Name

Applicant's Social Security Number

Applicant's Signature

Date

State of

County of

Before me personally appeared

, and did execute the

foregoing instrument in my presence on

day of

, 20 .

My Commission Expires

Notary Public