

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.

Date

Applicant's Signature

Applicant's Social Security Number

Applicant's Printed Name

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