

DERBY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, of any part thereof, concerning myself, by a duly authorized agent of the Derby Police Department, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature.

I also agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of birth: _____ Social Security No. _____

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
)ss.
COUNTY OF SEDGWICK)

Subscribed and sworn to before me this _____ day of _____, _____
Date Month Year

Notary Public

My commission expires