



Nazareth Borough Police Department

134 S. Main St. Nazareth, Pa. 18064

Office 610-759-9575 Fax 610-759-9622

PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

APPLICANT'S NAME: _____

Date of birth: _____ Social Security No. _____

TO: Concerned person or authorized representative of any organization, institution or repository of records,

I respectfully request and authorize you to furnish the Borough of Nazareth and the Nazareth Police Department, any and all information that you may have concerning my work record, school record, military record, reputation, character, and financial credit status. Please include any and all reports including all information of a confidential or privileged nature and photocopy of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Nazareth Borough Police Department.

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

Date: _____

(Applicant's Signature)

(Street Address)

(City)

(State)

(Zip Code)

Sworn to and Subscribed

Before me this _____ day

of _____ 2____.
