



Town of South Hill

Police Department
103 South Brunswick Ave.
South Hill, VA 23970

Chief of Police:
Stuart Bowen



AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

I respectfully request and authorize you to furnish the Town of South Hill Police Department, any and all information that you have concerning my employment record, educational record, military record, reputation, character, financial and credit records. Please include any and all polygraph results, application information and other information of a confidential nature, or copies of same. This information is to be used to assist the Town of South Hill Police Department in determining my qualifications and fitness for the position I am seeking. A reproduction of this release form will be valid as an original hereof and shall expire twelve months from the date of its acknowledgement.

I hereby release you, your organization or others from any and all liability or damages which may result from furnishing the information requested. I further understand that all sources of information, as well as the information itself cannot be revealed to me.

APPLICANT'S SIGNATURE

DATE

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

WITNESSED BY:
