

Michigan Commission on Law Enforcement Standards
 106 W. Allegan Street, Suite 600, PO Box 30633, Lansing, MI 48909
 (517) 322-1417

**APPLICANT INFORMATION SHEET AND
 AUTHORIZATION FOR RELEASE OF INFORMATION**

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [‡] :	Race [‡] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Driver's License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
------------	---------------

AUTHORITY: 203 PA 1965
 COMPLIANCE: Voluntary
 PENALTY: No License Activation/
 Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

‡ This information is for the purposes of EEO reporting only.