



South Lyon Police Department

219 Whipple St.
South Lyon, MI 48178
Ph: (248) 437-1773

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I hereby authorize the City of South Lyon, Michigan to conduct an investigation into my background, including criminal history, driving record, employment history, educational background, military history, and to conduct any other investigation that it deems appropriate to assist in making a determination as to my suitability for the position.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish the City of South Lyon with all information it may have pertaining to me. **I direct you to release such information upon the request of the City of South Lyon, and I will waive rights I may have under any agreement, written or oral I may have made with you previously to the contrary.**

I hereby authorize the release of any and all such records of any confidential information to a member of the South Lyon Police Department, to be used in conjunction with my application for employment with the City of South Lyon. Further, in consideration of the City of South Lyon considering my application for employment, **I hereby release, relieve and indemnify the City of South Lyon, Michigan, the South Lyon Police Department, any South Lyon Police Officer including the Chief of Police, such custodian of the records as herein indicated, from all liability and/or damages of whatsoever kind or nature arising from the disclosure of any information and/or pertaining to me which is obtained during the investigation.**

Further, in release of my disciplinary actions; any rights afforded me pursuant to M.C.L. 423.501, the employee Right To Know Act, I waive any right to review or obtain copies of such material received by the South Lyon Police Department.

MY FULL NAME (PRINT): _____

FULL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE SIGNED BEFORE NOTARY

DATE

(State of Michigan)

(County of _____) ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public, _____ County, Michigan

My commission expires: _____