



# CITIZENS POLICE ACADEMY

City of Lawrenceville Police Department  
Training Division  
300 Jackson Street  
Lawrenceville, GA 30046

## AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM

I hereby authorize the Lawrenceville Police Department to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other State or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

**Criminal History Record**

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. This release is executed with full knowledge and understanding that the information is for the official use of the Lawrenceville Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Print Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

Complete Home Address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

*Month Day Year*

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**FOR OFFICIAL USE ONLY**

Information verified by \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX COMPLETED APPLICATION TO CAPTAIN GREG VAUGHN AT 770-670-5151**