

DOUGLAS COUNTY SHERIFF'S OFFICE
4000 Justice Way
Castle Rock, CO 80109

LAW ENFORCEMENT EXPLORER PROGRAM
AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant _____

Date of Birth _____

Social Security Number _____

Date _____

This release, or photocopy of same, when presented by an authorized representative of the Douglas County Sheriff's Office, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding:

School records, local police records, driving records and employment information. This shall be done with full knowledge and understanding that the Douglas County Sheriffs Office may use, consider or disclose such information, statements, records, with the scope of their official duties and responsibilities.

This authorization is given in connection with a full background investigation being conducted relative to my application as a Law Enforcement Explorer with the Douglas County Sheriff's Office.

Signature

Address

City State ZIP

Witness