



Pacific Fire Protection District

910 West Osage Street
Pacific, MO 63069



Phone: (636) 257-3633 / Fax: (636) 257-3641

AUTHORIZATION FOR RELEASE OF INFORMATION

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my application.

I further authorize all Law Enforcement Agencies, U.S. Military Agencies, Federal, State, and/or local government agencies to furnish the Pacific Fire Protection District with any and all information regarding me in order to determine suitability for employment. I further release said agency or person from all liability for any damages whatsoever that might occur from furnishing such information to the Pacific Fire Protection District.

A photo static copy of this authorization will be considered as effective and valid as the original.

SIGNATURE

DATE