



PRINT ALL INFORMATION EXCEPT SIGNATURE

I, _____ give permission to the Lafayette Police Department to release any and all information as allowed by Indiana State Law regarding my criminal record to _____
NAME OF COMPANY
for purpose of employment.

My name is _____
Last First Middle Maiden

Date of Birth _____ Social Security Number _____

I hereby release the Lafayette Police Department and its employees, and the city of Lafayette and its employees from any and all liability for the release of such information.

Signature Job Title

Signature of Employer or Prospective Employer

The Lafayette Police Department in accordance with Indiana Code 5-2-5-7 provides this form. Any and all questions should be directed to Lt. Taul (765-807-1200) of the Administrative Services Division.

FOR USE BY LAFAYETTE POLICE ONLY
(date and time if presented in person _____)

_____ **NO RECORD WITH THIS DEPARTMENT**

_____ **SEE BACK OF PAGE FOR RECORD**

Signature of Official Completing Record Check _____