CRIMINAL HISTORY INFORMATION RELEASE FORM

CITY OF HOOVER POLICE DEPARTMENT

Type or print legibly

_____	_____	_____
Last Name	First Name	Middle Name

_____

All other names used

_____

Address

_____	_____	_____
City	State	Zip
Telephone (Include Area Code)	Race	Sex
Date of Birth (mm/dd/yyyy)	Social Security Number	

AFFIDAVIT FOR RELEASE OF INFORMATION

I am possessed of sound mind and legally competent to execute this release.

I do hereby for myself, my heirs, executors and administrators release and forever discharge the City of Hoover, the City of Hoover Police Department, and their officials, employees, representatives, officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this the _____ day of _____, 20_____.

_____

Signature of Applicant
(Requires two witnesses OR a notary public)

_____	_____
Signature of Witness 1	Signature of Witness 2
Address of Witness (Include City, State, Zip)	Address of Witness (Include City, State, Zip)

NOTARY PUBLIC

Sworn to and subscribed before me on this the _____ day of _____, 2020.

(SEAL)

_____

Notary Public
My commission expires:

_____