





AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ ***DO HEREBY AUTHORIZE*** any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a member of the Citizen's Police Academy. This includes, but is not limited to, all information related to my character, integrity, reputation, conduct and behavior. This authorizes release to the Allegheny County Police Department.

This release is in addition to, and intended to curtail or diminish, the authorization and immunity provided by statute. ***I DO HEREBY RELEASE*** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

**Please return both pages of the application to:**

**ALLEGHENY COUNTY POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY  
ATTN: SPO MIKE SPAGNOLETTI  
400 N. LEXINGTON STREET, SUITE 201  
PITTSBURGH, PA 15208  
(412) 473-1322**