

**Chad Loewen, Chief of Police**

Babbitt P.D.  
71 South Drive  
Babbitt, MN 55706

Authorization to Release Information

Full Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ (for criminal history check)

Current Address \_\_\_\_\_  
\_\_\_\_\_

MN Driver's License # \_\_\_\_\_

MN Post Board License # \_\_\_\_\_

Telephone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

To Whomever It May Concern:

As an applicant for a position with the \_\_\_\_\_, I am requested to furnish information for use in determining the status of my moral, physical, and mental qualifications, including financial responsibility. In this connection, I authorize release of any and all information concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: