



AUTHORIZATION FOR RELEASE AND RECEIPT OF INFORMATION

I, the undersigned, authorize the Illinois Law Enforcement Training & Standards Board and the Macon County Law Enforcement Training Center, an Illinois certified Law Enforcement and Corrections Academy, or designated representative to solicit information from any person or organization relative to my background, including but not limited to academic, medical, professional, financial, employment and historical biography, whether the records are of a public, private, criminal, internal, administrative or confidential nature.

I also authorize the Illinois Law Enforcement Training & Standards Board and the Macon County Law Enforcement Training Center, an Illinois certified Law Enforcement and Corrections Academy, or designated representative to release to any criminal justice agency investigating me for certification as a law enforcement or corrections officer, any and all information regarding my academic, medical, professional, financial, employment and historical biography, whether the records are of a public, private, criminal, internal, administrative or confidential nature.

I further waive my right to inspect and copy any such records or information provided in response to this authorization, certify that any person(s) who may furnish such information shall not be held accountable for releasing this information, and hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such records or information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of my signature.

PLEASE PRINT

Name: _____
Last First MI

Home Address: _____
Number and Street

City State Zip

Telephone: _____

Email: _____

Signature: _____

Date: _____