



CITIZENS POLICE ACADEMY AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, 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 participant of the Citizens Police Academy. This includes, but is not limited to; all information related to my character, integrity, reputation, conduct and behavior. This document authorizes the release of information to the Municipality of Penn Hills Police Department.

This release is in addition to, and not 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 all Citizens Police Academy forms to:

**Penn Hills Police Department
Citizens Police Academy
102 Duff Road
Pittsburgh, Pennsylvania 15235
ATTN: Chief Howard Burton**