



**J. Dent-Fitzpatrick**  
Assistant Chief

# Columbus Police Department

P.O. Box 1866 • 510 Tenth Street  
Columbus, Georgia 31902-1866

**Stoney Mathis**  
Chief of Police



**D. Kennedy**  
Assistant Chief

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Officer or other authorized representative of the Columbus Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my military or employment history and educational records (including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records); medical records; and credit records. Further authorization is extended to all Federal/State Law Enforcement Agencies, Police Departments, Sheriff's Departments, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record including but not limited to sealed or privileged information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with this investigating agency. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
(Printed) (Signature)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal: