

AUTHORIZATION FOR RELEASE OF POLICE CLEARANCE

I, _____, hereby authorize the Metropolitan
(Print Full Name)

Police Department to make available to **Applicant Insight** my police clearance.

Date of Birth

Social Security Number

Place of Birth

Street Address

Signature of Applicant

Sworn to before me in the City of _____, State of
_____, this _____ day of _____, 200__.

Notary Public

Commission Expires