



**Pacific Fire Protection District  
910 West Osage Street  
Pacific, MO 63069  
Phone: (636) 257-3633**



### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, (Print Full Name) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial of forfeiture of my application.

I further authorize all Law Enforcement Agencies, U.S. Military Agencies, Federal, State, and/or local government agencies to furnish the Pacific Fire Protection District with any and all information regarding me in order to determine suitability for employment. I further release said agency or person from all liability for any damages whatsoever that might occur from furnishing such information to the Pacific Fire Protection District.

A photo static copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**