

**City of Covington
Division of Police**

Authorization to Obtain Information

I authorize the Covington Police Department to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, and criminal history, to include misdemeanor/felony convictions, division of motor vehicle records, personal references, professional reference, and previous employers. Also, any medical records and other appropriate sources of information.

I authorize the release of any information that the Covington Police Department may request from the above sources.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Witness: _____

Witness printed name _____

Witness address _____

Witness contact phone number _____