



**CITY OF REHOBOTH BEACH  
POLICE DEPARTMENT**

229 Rehoboth Avenue  
Rehoboth Beach, DE 19971

Telephone: (302) 227-2577  
Fax: (302) 227-6054

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital Nursing Home, or Medical Association;

The US Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, Elementary or High School;

Any local, State, or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, \_\_\_\_\_ have applied for employment with the Rehoboth Beach Police Department. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Rehoboth Beach Police Department. This authorization or a reproduction thereof, shall be valid for one year from the date of execution of this document.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Selective Service #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

List any other names you may have used: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Armed Forces Membership: \_\_\_\_\_

Veteran's Administration File #: \_\_\_\_\_

HAVE YOU EVEN BEEN ISSUED A TICKET OR SUMMONS FOR A TRAFFIC VIOLATION? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER BEEN ISSUED A SUMMONS OR BEEN ARRESTED FOR A CRIMINAL VIOLATION? \_\_\_\_ YES \_\_\_\_ NO

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Your E-mail Address