

HOFFMAN ESTATES POLICE DEPARTMENT
Authorization to Release Information to the
Hoffman Estates Police Department

To Whom It May Concern:

I, _____, the undersigned, hereby authorize the Hoffman Estates Police Department, Hoffman Estates, Cook County, Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Hoffman Estates Police Department.

I hereby release the Village of Hoffman Estates and any other agency or entity that is custodian of such records, 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 or any other attempted to comply with it.

AUTHORIZING SIGNATURE

FULL NAME - PRINTED

DATE

WITNESS:

NAME

DATE