



**SUBURBAN LAW ENFORCEMENT ACADEMY**  
**College of DuPage**



**AUTHORIZATION TO RELEASE INFORMATION**

I authorize the Suburban Law Enforcement Academy and College of DuPage, or designated representatives thereof, to release to my employer, the Illinois Law Enforcement Training and Standards Board, any criminal justice agency investigating me for certification as a law enforcement officer or any employer who I authorize in writing to seek information from the Suburban Law Enforcement Academy and/or College of DuPage, any and all information regarding my academic performance. This shall include any disciplinary or anecdotal information collected during the course of my training, and any medical, professional and historical biography records provided the Suburban law Enforcement Academy and College of DuPage during my application for and the course of my training.

Please Print:

Name: \_\_\_\_\_ Class Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_