

TO: ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD
AND ITS CERTIFIED ACADEMIES

SUBJECT: AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the Illinois Law Enforcement Training and Standards Board to solicit information from any person or organization relative to my background, including but not necessarily limited to academic, medical, professional, employment and historical biography.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for certification as a law enforcement officer, any and all information regarding my academic, medical, professional and historical biography.

PLEASE PRINT

Name: _____
Last First Middle

Home Address: _____
Number and Street

City State Zip

Home Telephone Number: _____

Social Security Number: _____

Signature

(Seal)

Date