 

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**01.18.2018**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize any representative of the Missouri Department of Public Safety’s Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_Pulaski County Sheriff’s Department

Contact Person: \_Lt. Pam Sherrell

Phone Number: \_\_\_573-774-4796

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee: Date:

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public

within the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

20\_\_\_.

**NOTARY PUBLIC**