



MOUNT PLEASANT POLICE DEPARTMENT
AUTHORITY FOR RELEASE



I, _____ do hereby authorize a review of and full disclosure of all Arrest Records concerning myself from the Mount Pleasant Police Department, whether the said records are of public, private, or confidential nature.

I, do hereby authorize the Mount Pleasant Police Department to furnish _____ full disclosure of all Arrest Records concerning myself from the Mount Pleasant Police Department, whether the said records are public, private, or confidential nature. I do hereby release the Mount Pleasant Police Department Chief of Police and all members of the Mount Pleasant Police Department from all liability resulting from the furnishing of this information to the above named agency, company, consulate, firm, or person.

Signature (including maiden name)

Date of Birth

Address

XXX-XX-
Last 4-Digits Social Security #

City/State/Zip Code

()
Phone Number

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared, _____, known to me to be said person whose name is subscribed to the foregoing instrument, and acknowledge to me that he/she had read and fully understand said release of liability and the he/she has executed the same for the purpose and consideration therefore expresses.

GIVEN MY HAND AND SEAL, OF OFFICE THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC