

**City of Covington  
Division of Police**

**Authorization to Obtain Information**

I authorize the Covington Police Department to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, and criminal history, to include misdemeanor/felony convictions, division of motor vehicle records, personal references, professional reference, and previous employers. Also, any medical records and other appropriate sources of information.

I authorize the release of any information that the Covington Police Department may request from the above sources.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Witness printed name \_\_\_\_\_

Witness address \_\_\_\_\_

Witness contact phone number \_\_\_\_\_