



# CITY OF SILVERTON POLICE DEPARTMENT

## Authorization to Conduct Background Investigation

I authorize Silverton Police Department to conduct a criminal background investigation. I consent, without reservation to the retrieval of information that may include, but is not limited to organizations, federal, state, city or county level agencies, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of person authorizing investigation/record release                      Date

\_\_\_\_\_  
Signature of witness    Date

**FOR BACKGROUND INVESTIGATION PURPOSES, PLEASE COMPLETE THE FOLLOWING:**

Business Associated With \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Any other names you have used in the past \_\_\_\_\_

Contact phone number \_\_\_\_\_

**BELOW FOR SILVERTON POLICE DEPARTMENT USE ONLY**

CCH/Wanted: \_\_\_\_\_

LERMS: \_\_\_\_\_

Driver's License: \_\_\_\_\_

COPLINK: \_\_\_\_\_

Initials: \_\_\_\_\_ Charlie #: \_\_\_\_\_ Date Completed: \_\_\_\_\_