

# OLYMPIA FIELDS POLICE DEPARTMENT

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## Authorization to Release Information to The Olympia Fields Police Department

To Whom It May Concern:

I, \_\_\_\_\_, the undersigned, hereby authorize The Olympia Fields Police Department, Olympia Fields, Cook County, Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of The Olympia Fields Police Department.

I hereby release the Village of Olympia Fields and any other agency or entity that is custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any other attempted to comply with it.

\_\_\_\_\_  
AUTHORIZING SIGNATURE

\_\_\_\_\_  
FULL NAME – PRINTED DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
FULL NAME – PRINTED DATE