



City of Paris, Tennessee
 Fire Department
 100 N. Caldwell PO Box 970 Paris, TN 38242

AUTHORITY TO RELEASE INFORMATION

<i>Please print or type all information:</i>						
Full Name:						
Alias:						
Residence:						
_____		_____		_____		_____
Street Address		City		State		Zip Code
Business:						
_____		_____		_____		_____
Street Address		City		State		Zip Code
Telephone Number (Include Area Code)			Fax Number (Including Area Code)			
Social Security Number or Federal Tax ID Number			Driver's License Number/State			
Date of Birth			Citizenship			
* DPS Number			* FBI Number			
<i>* DPS and/or FBI numbers are not known, please give the following physical description.</i>						
Race	Sex	Age	Height	Weight	Hair Color	Eye Color
<p>This release constitutes my consent and authority for _____ to examine and obtain copies of records, statements, credit ratings and information regarding my background. I hereby specifically authorize the release of records to _____ pertaining to the following:</p> <p>Any local, state, federal, or international governmental records Employment Information Past experience with a regulated entity Credit Information Tax Records, Federal or other jurisdictions Police and Criminal Records.</p>						

This authorization is given in connection with my application filed with:

 Signature

 Date