



**Village of Liverpool Police**

310 Sycamore Street  
Liverpool NY 13088-4943

**Chief of Police**  
Donald L. Morris

Ph: 315-457-3441 x 1  
Fx: 315-4576536

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Please print**

I, the undersigned, hereby authorize the Village Police Department to release to

\_\_\_\_\_ Requesting agency

Any criminal history on file under the following name(s):

Legal given name \_\_\_\_\_

Also known as \_\_\_\_\_

Maiden name \_\_\_\_\_

Date of birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Present address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Before me came \_\_\_\_\_

Personally known to me to be the individual described and who executed the foregoing instruments and acknowledged that (s)he executed the same.

\_\_\_\_\_  
Chief of Police