

SYLVANIA TOWNSHIP FIRE DEPARTMENT
6633 MONROE STREET
SYLVANIA, OHIO 43560
(419) 882-7676

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the Sylvania City and/or
Please Print Full Name
Township Police Department to release any information pertaining to my police records and or history for a
background check for pre-employment with the Sylvania Township Fire Division.

I understand that upon signing, this form gives the Sylvania City and/or Township Police Department
the authority to disclose the above information to the listed agency.

Signature

Please print the following:

Social Security Number

Date of Birth

Address

City

State

Zip