

**Release of Confidential Information to
Fifer Investigations, LLC**

Applicant's Name:

Date of Birth:

Social Security Number:

I respectfully request and authorize any company, organization, hospital or doctor, or any employee of the same or any other person or organization to furnish to Fifer Investigations, LLC, any and all information that you may possess or have knowledge of concerning my work record (including Internal Affairs records), criminal record (including non-public), school record, military record, reputation, financial or credit status, mental or physical fitness and abilities, or any other information you may possess that might be of use to Fifer Investigations, LLC in helping them assess my suitability for employment with the **Menominee City Police Department**. Said information does include, but is not limited to, any and all medical, physical and mental records or reports and hospital records, including all information of a confidential or privileged nature, and reproduction of same if requested. I hereby release you and your organization, the **Menominee City Police Department** and any and all others from any liability or damage that may result from furnishing the information requested by Fifer Investigations, LLC or an employee thereof.

A photocopy or facsimile of this release will be valid as an original thereof, even though the said photocopy or facsimile does not contain an origin writing of my signature.

Signed and sworn before me on this

____ Day of _____, 20____

Notary Public

Signature of Applicant

County of _____

My commission expires on: