

**KALAMAZOO COUNTY SHERIFF'S OFFICE  
RESERVE DIVISION  
1500 LAMONT STREET  
KALAMAZOO, MI 49048**

**Personal Inquiry Waiver and  
Authority for Release of Information**

**TO:**

I respectfully request and authorize you to furnish to the Kalamazoo County Sheriff's Office Reserve Division any and all information that you have concerning my work record, school record, police record, military record, reputation, financial and credit status.

This information is to be used to assist the Kalamazoo County Sheriff's Office Reserve Division in determining my qualifications and fitness for a position of trust and responsibility which I am seeking.

I understand that unless I expressly direct otherwise, the custodian is to release all information pertaining to the above. This authorization is valid for 24 months after being signed.

I hereby release you, your organization and any and all others from any liability or damage, which may result from furnishing the above, requested information.

I further understand that in the event my application is denied, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof even though said photocopy does not contain an original signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Address

**Questionnaire must be completely filled out before  
being notarized and returned**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose therefore.

Sworn and subscribed to in my presence this \_\_\_\_\_ day of \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public