



POLICE ACADEMY

Pennsylvania Act 120

Authorization to Release Information

**This form must be notarized**

As an applicant for the Mercyhurst College Municipal Police Training Academy, I am required to furnish information for use in determining my qualifications for acceptance. Accordingly, upon presentation of this authorization form, or any photo static copy thereof, I authorize release of any and all information that you may have concerning my moral, criminal, physical, mental, financial, educational and employment qualifications, including information of a confidential or privileged nature, to the Mercyhurst College Municipal Police Training Academy.

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

\_\_\_\_\_  
Applicant's Name (print legibly)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
My Commission Expires