CITY OF COOS BAY
BACKGROUND INVESTIGATION RELEASE

Name: _____
Last First Middle

Maiden or other last name used: _____

Date of Birth: _____ - ____ - ____ Social Security No.: _____

Drivers License No.: _____

Address: _____
Street/Box number

_____
City State Zip Code

AUTHORIZATION TO CONDUCT BACKGROUND CHECK:

I respectfully request and authorize you to furnish the Coos Bay Police Department with any and all information that you may have concerning me. Including, but not limited to my employment (work) and educational records, my reputation and my financial and credit status. Please include any and all medical, physical and mental records and reports that may be of a confidential or privileged nature. Your cooperation in this reply will be used to assist in determining my qualification and fitness for the position I am seeking with the City of Coos Bay

_____ _____
Applicants Signature Date

_____ No CCH

_____ _____
Law Enforcement Official Date