



SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
(408) 277-4452



AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, declare that I am the applicant described and identified in this application for licensure, certification, or registration in the City of San Jose.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department (“Department”) any files, records, or information of any type regarding:

(If Applicant is Business Entity, Insert Legal Name of Business Entity Below:)

ENTITY

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

NAME _____
DATE OF BIRTH

The information is being requested by the San Jose Police Department to properly evaluate my qualifications for licensure, certification, or registration by the City of San Jose. A copy of this Authorization shall be as valid and provide the same authorization as the original.

Print Name of Individual or person authorized to sign on behalf of business entity:	
Title: (if applicable)	
Signature:	
Date:	
Address:	
City, State, Zip	
Cell Phone No.	
Email Address:	