JACKSONVILLE CITY COUNCIL
AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

APPLICANT'S FULL NAME: _____
First Middle Last Suffix(Jr./Sr./III/etc.)

MAIDEN NAME, IF APPLICABLE: _____

RESIDENTIAL ADDRESS: _____

RACE:_____ SEX: _____

I hereby authorize the re lease of personal information. A photocopy of this form will be as effective as the original. ***Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.***

_____ _____
Applicant's Signature Date

JSO use only:

The following information will be deleted from public records:

BIRTH DATE:_____BIRTH PLACE: _____
Month/Day/Year City State Country

DRIVER LICENSE: _____
Number State