I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the MADISON COUNTY SHERIFF’S DEPARTMENT to release ANY information that they may have regarding my past history

Print Name

Any other names that you have used(maiden, married)

Date of Birth

Social Security Number

Applicant Signature Date

Authorized TVFD pickup personnel

DO NOT WRITE BELOW THIS LINE

History of Criminal Activities

Date Offense

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Agency Signature/Title Date