

City of Oxford

Release of Personal Information Agreement

Name:		
Address:		
City:	State:	Zip Code:
Date of Birth:		
Social Security Number:		
Drivers License Number:		
Email Address:		

As the person identified above, I hereby agree and permit the City of Oxford Police Department to conduct an investigation into my background, including but not limited to, any criminal history, and agree to permit the City of Oxford Police Department to release any information about my background and criminal record (if any) to Douglas Elliott, Jr. (City Manager).

I agree to hold harmless from any and all claims, actions, causes of action, costs, damages, and obligations the City of Oxford, the Oxford Police Department and all of its employees, members and agents arising from any and all acts resulting from this background and criminal history investigation, or from the release of any information to Douglas Elliott, Jr. (City Manager).

Signed
Dated
Witness
Address

Have you been convicted of a game law violation in the last (5) years?

Yes No If yes, explain:
