

Police Department

300 L Street, Antioch, CA 94509-110  
(925) 779-6900



James Hyde

Chief of Police

## AUTHORIZATION TO RELEASE INFORMATION (MESSAGE THERAPY TECHNICIAN APPLICANT)

TO WHOM IT MAY CONCERN:

I am an applicant for a **Message Therapy Technician Permit** within the City of Antioch. As a matter of department policy, the Antioch Police department is required to conduct an investigation into my background.

I, hereby, direct you, your organization, its Custodian of Records, and/or persons you employ to release any and all information which you may have concerning me, including information which may be confidential, **privileged** and/or derogatory nature, including, but not limited to, employment information, official employment documents, employment performance data and character reference information your agency may possess.

I exonerate, release and discharge you, your organization, its officers, agents, employees, and assignees from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

This release expires 120 days from the date of signature.

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**Applicant's Full Name Printed**

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**Applicant's Signature**

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**Dated**