

# City of Wilmington

## Criminal History Inquiry Waiver

### Authority for Release of Information

I hereby authorize and request the release of any and all information you have concerning me (including driving history and criminal history) to the City of Wilmington upon presentation of this release or copy thereof.

I understand that any information released and obtained by the City of Wilmington from this authorization, may be considered when determining participation in the Womens Self Defense Course with the City of Wilmington.

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I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the City of Wilmington will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

Applicant's First Name:

Applicant's Middle Name:

Applicant's Last Name & Suffix:

Last Four of Social Security Number:

Date of Birth:

Position Applying For:

Applicant's Signature :

Date:

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