

AUTHORIZATION OF RELEASE OF POLICE CLEARANCE

I, _____, hereby authorize the Metropolitan Police
(Print Full Name/Applicant)

Department to make my police clearance available to Data Facts, Inc.

Date of Birth

Social Security Number

Place of Birth (City & State)

Current Address (No P.O. Boxes) *City* *State* *Zip Code*

Signature of Applicant

Sworn to before me in the City of _____, State of _____, this ___
_____, day of _____, 20__.

Notary Public

My Commission Expires

[Notary Seal]