

Frankfort Police Department  
201 W Washington Street  
Frankfort, Indiana 46041  
Phone: 765-654-4277  
Fax: 765-654-6756

**AUTHORIZATION OF CRIMINAL HISTORY**

I, \_\_\_\_\_, hereby authorize the Frankfort Police Department to review and release my Criminal History Records to the Clinton County Cadet Program.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

The following information appears on the above named and described person's criminal history record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Records Department

\_\_\_\_\_  
Date