



**CITY OF FRANKFORT
POLICE DEPARTMENT**

201 W. WASHINGTON STREET
FRANKFORT, INDIANA 46041-1859
PH. 765-654-4245
FAX 765-654-9197

CHRIS McBARNES
MAYOR

TROY BACON
CHIEF

SCOTT SHOEMAKER
DEPUTY CHIEF

I _____, hereby authorize any person, agency, partnership or

Name of Applicant

corporation having any information concerning my credit record, educational record, military record, employment personnel records, and selective service record, to release said information to the Frankfort Police Department. This information is to be used for a possible Internship with the Frankfort Police Department and will not be available for public inspection. I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Frankfort Police Department, including liability under any local, state or federal laws.

Signature of Applicant

Witness

Date

EMERGENCY
9-1-1

CRIMINAL INVESTIGATIONS
654-4277

NON EMERGENCY
654-4431