



N64W23760 Main Street
Sussex, Wisconsin 53089
Phone (262) 246-5200
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Email: info@villagesussex.org
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Release of Information Authorization

Legal Name: _____
(last, first, middle)

Home Address: _____

Phone: _____ Email: _____

The following information is requested for the sole purpose of conducting a background check.

Prior Name(s), Alias(es), Birth Name: _____

Date of Birth (00/00/19??): _____

Driver's License #: _____

I certify that the information provided on this release is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for any license applied for.

I acknowledge that a full background check may be run as related to any police records and/or driving records.

I authorize the Wisconsin Department of Justice, Crime Information Bureau and the Wisconsin Division of Transportation to provide any relevant information to the Village of Sussex.

I release the Village of Sussex and all providers of information from any liability as a result of furnishing and receiving any information related to the Village of Sussex licensing process.

I agree that a photocopy of this authorization shall have the same force and effect as the original.

I have read and understand the above and by my signature consent to these statements.

Signature

Date