



SAUK VALLEY COMMUNITY COLLEGE • POLICE ACADEMY  
173 IL Route 2 • Dixon, IL 61021 P 815.835.6481 W svcc.edu

## Authorization To Release Information

### SVCC Police Academy

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I authorize the Sauk Valley Community College Police Academy, or designated representatives thereof, to release to my employer, the Illinois Law Enforcement Training and Standards Board, any criminal justice agency investigating me for certification as a law enforcement officer or any employer who I authorize in writing to seek information from the Sauk Valley Community College Police Academy, any and all information regarding my academic performance. This shall include any disciplinary or anecdotal information collected during the course of my training, and any medical, professional and historical biography records provided the Sauk Valley Community College during my application for and the course of my training.

**Please Print:**

Name: \_\_\_\_\_ Class Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PTB ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_