



Louisville/Jefferson County Metro Government
517 Court Place
Louisville, KY 40202-3305
(502) 574-3854

AUTHORIZATION FOR RECORD CHECK

Position(s) Desired: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Social Security Number: _____ - _____ - _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Address (If less than three years at current address) _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ / _____ / _____ **(REQUIRED)**
Month Day Year

Maiden/Previous Names: _____

I, _____, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro government processing my application for employment.

Signature: _____ **Date:** _____