



**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:** \_\_\_\_\_