

HORSHAM



TOWNSHIP

POLICE DEPARTMENT



ROBERT H. RUXTON, *Chief of Police*
JOSEPH M. REPKOE, *Captain*



1025 HORSHAM ROAD, BOX 345 • HORSHAM, PENNSYLVANIA 19044 • (215) 643-3600 • FAX (215) 643-0390

Individual Release Form

By completing and signing this form, I agree that the Horsham Township Police Department may obtain the following records and information about me:

1. Consumer credit reports and/or other information regarding my financial condition. I understand that these reports will be supplied by S2 Verify who has been contracted with Horsham Township to obtain this information.
2. Verify my bank records and/or other information regarding my financial condition. I understand that this information will be supplied by S2 Verify who has been contracted with Horsham Township to obtain this information.
3. Obtain a drivers license and traffic safety history or other motor vehicle records in my name.
4. Perform a criminal records search in my name.

Further, I understand that these inquiries could be requested from Federal, State, Local or Military Agencies and/or Consumer Credit Reporting companies.

I authorize without reservation, any agencies contacted to furnish the above listed information and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in an original, fax, photocopy or digital image form.

(Please fill in all information completely)

Last Name: _____ First Name: _____ Middle: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____

Signature: _____ Date: _____