



Kelly Mayfield  
Captain

**Franklin Police**  
100 South Court Street  
Franklin KY 42134

Roger Solomon  
Chief of Police

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of all confidential records including personal, financial, criminal, medical and military to the Franklin Police Department.

I understand that these records are confidential, and no liability will result due to the release for a background investigation for the purpose of employment.

Any charge for the release of these records will be paid by the Franklin Police Department and can be billed directly to them.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Commission expires: \_\_\_\_\_