



GOSHEN POLICE DEPARTMENT

RECORDS CHECK General Authorization for Release

INFORMATION CHANGE/REPORTING AGREEMENT

By signing below I do hereby agree to notify any duly authorized agent of the Goshen Police Department of any changes regarding the information I have provided. This notification would include but not be limited to arrests, traffic citations, job terminations, and bankruptcies, financial responsibilities assigned to collections, civil and criminal litigation, drug use, or other information of pertinence to an employment background investigation. I realize failure to report such information to the hiring agency could affect my status as an applicant. Additionally, if hired, failure to disclose pertinent information during the hiring process could result in the termination of my employment. The reporting of such information can be done in person, via telephone, or in writing.

Signed this _____ day of _____, 20 _____

Applicant Signature: _____

Notary Public

Date

Seal