



**Town of La Crosse, Virginia  
POLICE DEPARTMENT**

202 Carolina Street  
POB 178  
La Crosse, Virginia 23950

(434) 757-1223

[www.lacrossepolicedepartment.org](http://www.lacrossepolicedepartment.org)

**AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR  
THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY  
APPLICATION FOR EMPLOYMENT IN A LAW ENFORCEMENT POSITION**

TO ALL CRIMINAL JUSTICE AGENCIES, LAW ENFORCEMENT AGENCIES, INCLUDING  
COURTS, AND BUSINESSES, EMPLOYERS, MEDICAL FACILITIES, MENTAL HEALTH  
AGENCIES, STATE AND OTHER GOVERNMENT AGENCIES, FINANCIAL AGENCIES,  
OTHER PUBLIC AND PRIVATE ENTITIES BOTH WITHIN AND WITHOUT THE  
COMMONWEALTH OF VIRGINIA:

I, \_\_\_\_\_, hereby authorize and direct you to release to the  
issuing authority, La Crosse Police Department, La Crosse, Virginia (LCPD) or its representative  
any information in your possession or control concerning me pertaining to the following:

- (1) conviction data;
- (2) any criminal matter in which a formal charging instrument is now pending;
- (3) adjudication data relating to any juvenile offenses which involves conduct which, if  
committed by an adult, would be a crime;
- (4) any juvenile matter in which a formal charging instrument is now pending involving  
any juvenile offense described in (3) above;
- (5) fugitive from justice status;
- (6) incidents of abuse of family or household members within the past five years;
- (7) drug abuse, drug addiction or drug dependency;
- (8) adjudication as an incapacitated person;
- (9) any mental disorder that causes me to be potentially dangerous to myself or others;
- (10) reckless or negligent conduct as defined by Virginia Code Annotated;
- (11) information of record indicating that I have been convicted of or adjudicated as  
having committed a violation of Virginia Code Annotated or similar statutes, or  
adjudicated as having committed a juvenile crime that is a violation of Virginia  
Code Annotated or a similar statute or a juvenile crime that would be defined as  
a criminal violation under Title 18, if committed by an adult; and
- (12) whether I am currently subject to an order of a Virginia court or an order of a court of  
the United States or another state, territory, commonwealth or tribe that restrains  
me from harassing, stalking or threatening an intimate partner, as defined in 18



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United States Code, Section 921(a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to that intimate partner or the child.

TO ALL PRIOR ISSUING AUTHORITIES, BOTH WITHIN AND WITHOUT THE COMMONWEALTH OF VIRGINIA:

I hereby authorize and direct you to release to the issuing authority (LCPD) or its representative any information of record in your possession or control concerning me pertaining to any previous application for law enforcement positions.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

I hereby authorize and direct you to release to the issuing authority named above or its representative any information in your possession or control concerning me pertaining to a dishonorable discharge, a less than honorable discharge or any military criminal record pertaining to me for which I received adjudication under the Uniform Code of Military Justice (UCMJ).

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to being an illegal alien.

TO ALL ADDRESSED GOVERNMENTAL, BUSINESS, EMPLOYMENT, MEDICAL, MENTAL HEALTH AND FINANCIAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named above or its representative any information in your possession or control concerning me pertaining to the following:

- (1) my full name;
- (2) my full current address and address for the prior 15 years;
- (3) the date and place of my birth and my physical description;
- (4) my signature.
- (5) Any records deemed pertinent to this background investigation by the police officer conducting said investigation.
- (6) Medical or Mental Health records regarding any treatment or counseling.
- (7) Financial Records and Information
- (8) Educational records from all primary, secondary and institutions of higher learning



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(9) Department of Motor Vehicle Records from all 50 States

(10) Employment data and verification including records maintained by supervisory personnel, human resources or any and all other records pertaining to employment including Internal Affairs records.

**Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.**

<b>DATE:</b>	
<b>APPLICANT'S FULL NAME: (Typed or printed)</b>	
<b>APPLICANT'S FULL NAME: (Signature)</b>	
<b>DATE OF BIRTH OF APPLICANT:</b>	(enter month, day, year)
<b>SOCIAL SECURITY ACCOUNT NUMBER</b>	- -

*THIS FORM MUST BE NOTARIZED*

\_\_\_\_\_  
DATE

Personally appeared before me the signed, who says that he/she has executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof,

\_\_\_\_\_  
Commonwealth of Virginia Notary Public

\_\_\_\_\_  
My commission expires: