



City of Coos Bay

Background Investigation Release

Name: _____
Last First Middle

Maiden or other last name used: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number/State: _____

Address: _____
Street/Box Number

_____ City State Zip Code

Applicant's email address: _____

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Authorization is hereby granted to Coos Bay Police Department to conduct a background check for the purpose of providing necessary clearance to participate in activities with the above organization. I acknowledge that the results of the background check will be kept confidential and only made available to the requesting agency.

Applicant's Signature

Date

Law Enforcement Official

Date