



## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Wisconsin Department of Justice, Training and Standards Bureau, which staffs the Wisconsin Law Enforcement Standards Board (Wis. Stat. § 165.86(1)(a)), to obtain verification of my training, certification/licensure and employment as a law enforcement officer from the Police Officer Standards and Training (POST) Agency from which I obtained my law enforcement certification/license. I also authorize access to any disciplinary actions taken against my law enforcement certification/license and access to my law enforcement employment records in order to verify that I left prior law enforcement employment voluntarily with a good record.

Name of Applicant: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Last 4 Digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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This Authorization for Release of Information form must be signed and returned in order for you to be considered for participation in the Law Enforcement Reciprocity Examination.

**Mail to:**  
**Training and Standards Bureau**  
**P.O. Box 7070**  
**Madison, WI 53707-7070**