****W**isconsin Department of Justice**

**Law Enforcement Standards Board**

**DJ-LE-300, Rev. 12/2021**

[**https://wilenet.widoj.gov/**](https://wilenet.widoj.gov/)

**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** |

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**