

City of Arnold
2101 Jeffco Blvd.
Arnold, MO 63010
636-282-2383

CERTIFICATE OF APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize all law agencies to furnish the holder of this release with any and all information regarding me in order to determine my suitability for volunteering with the City of Arnold.

Have you ever been known under any different names? Yes No

If yes, explain below.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Social Security Number

Date of Birth

Explanation for different name(s)

