



Phone: 262-677-4048  
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Washington County  
3146 Division Road  
Jackson, WI 53037

**2021**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**All applicants are subject to a criminal history check**

**PRINT**

Name (First, Middle, Last) \_\_\_\_\_

Have you used any other names? (maiden name, nickname) \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell (Alternate) Phone \_\_\_\_\_

**The undersigned does hereby authorize the release of any criminal information relating to the undersigned, to the Town of Jackson, Washington County, Wisconsin.**

\_\_\_\_\_

**Applicant signature**

Date \_\_\_\_\_

**ATTACH COPY OF CURRENT DRIVER'S LICENSE**