

# Investigative Consent Form

I hereby certify that, in connection with an application for membership in the Allen County Police Reserve Inc., I have been advised through receipt of this form that:

- 1) An investigative report as to my character, general reputation, personal characteristics, police record and mode of living may be made, and,
- 2) I have the right to make a written request within a sixty-day period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

For the purposes of this statement, I also acknowledge that any report or other information required by federal or state laws now and hereafter in effect shall be deemed received by me if addressed to:

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Print Name: (First) (Middle Name – not initial) (Last)

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Street Address

---

City State Zip

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Birth Date

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Social Security Number Driver's License Number

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Home Phone Work Phone

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Applicant's Signature

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Today's Date E-Mail Address

**Note: This statement is required by Federal Law (P.L. #91-505)**

**You may FAX this form back to us at: 260-449-3316**