Village of Goshen Police Department
1 Grand St.
Goshen, NY 10924
845-294-7988

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

To: US Armed Forces, Maritime Service, Veteran's & Selective Service Administration
Any local, State or Federal law enforcement agency
Any past or present employer
Any credit bureau or retail merchant's - association
Any bank or financial institution
Any insurance company
Any State, County or Municipal Bureau of Vital Statistics Office
Other: _____

I, _____ (print applicant's full name) have applied for a **Peddler's Permit, Games of Chance License and/or Bingo License** with the Village Clerk of the Village of Goshen, New York. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you have concerning me, to a representative of the Village of Goshen Police Department. This authorization or a reproduction thereof, shall be valid for a period of one (1) year from the date of execution of this document.

Date of Birth: _____ Place of Birth: _____

Social Security Number _____

Driver's License Number _____ State of Issue: _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Vehicle Plate Number: _____ State of Issue: ____ Registration Expiration: _____

Current Home Address: _____
Current Home Telephone: _____ Cell: _____

Given under my hand, this ____ day of _____ 200__

_____ _____
Applicant's Signature Witness' Signature