

City Of Broken Arrow

Police Department

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Carolyn M. Kusler
Chief of Police



AUTHORIZATION TO RELEASE INFORMATION

For reasons sufficient unto myself, I hereby authorize information, which may be on file in any Law Enforcement Agency, to be released to the Broken Arrow Police Department. I request the Custodian of Records to permit any such record(s) to be examined, copied, or otherwise reviewed.

I hereby release, indemnify and hold harmless the Broken Arrow Police Department, Officers, employees, or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to me, my heirs, executors or assignors, as a result of compliance with this Authorization to Release Information, or any attempt to comply with it.

This Authorization to Release Information serves as a waiver of any contract I may have with any organization or individual, and serves as a waiver of any and all legal communication privileges I could claim.

Date

Name

Witness