



**Virgin Islands Peace Officer Standards and
Training
#1 Estate Diamond,
Frederiksted
St. Croix, VI 00840
AUTHORIZATION TO RELEASE INFORMATION**



I, the undersigned Officer, hereby authorize the _____
_____ to release any information in its files pertaining to my certification,
recertification, decertification, accreditation, maintenance of accreditation, withdrawal of
accreditation or any other item of information related to law enforcement training, including but
not limited to academic achievement, attendance, physical fitness, mental fitness, personal
history and disciplinary records to the Virgin Islands Peace Officer Training Council or to its
authorized representatives.

I hereby release the _____ from any and
all liability for damages of whatever kind, which may at any time result to me, my heirs or
assigns because of compliance with this Authorization to Release Information, or any attempt to
comply with it.

Dated: _____

Signed in the Presence of:

Witness' Signature

Officer's Signature

Print Full Name

Social Security Number