



Randall L. Woodfin
Mayor

Department of Youth Services
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Galvin K. Billups
Director

Personal Inquiry Waiver Authority for Release of Information

I hereby request and provide my authorization for you to disclose any and all information, including potentially confidential or privileged details, related to me to the City of Birmingham. This encompasses police records. The purpose of this disclosure is to aid in assessing my suitability for volunteering with both the City's Department of Youth Services and the Page Pals Program.

With the intent of establishing a legally binding agreement, I absolve you, your organization, and any other parties contacted from any liability or harm that may arise due to the provision of the requested information. Photostatic copies of this authorization hold the same validity as the original document. Please ***print*** the following information:

Applicant	Social Security #	DOB
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Home Address

Signature

Date

Before me personally appeared _____ who stated this document and its intent

As explained to him/her and that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Subscribed and sworn to me in my presence this ____ day of _____, _____

NOTARY SEAL

Notary Public

My commission expires: _____