

Parkersburg Police Department

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AUTHORIZATION FOR DISCLOSURE OF SOCIAL NETWORK INFORMATION

I,		give permission to	The Parkersburg Police
Department to have access to will log into the account in the contents of the account(s). A	he presence of the Appli	tworking accounts. If my accounts and allow	ccounts are set to "private" I v him or her to review the
I understand that the inform background investigation. A candidacy for the position the Police Department.	ny information that is rac	cist, sexist or would bring o	discredit upon my
I understand that refusal to a Police Department Recruiting the Police Department.		* *	•
By signing this document, I a personal social networking a		he Police Department imm	nediate access to my
	Department access to m	ny social networking accou ess to my social networking	
Candidate Signature	Date		
Recruiting Officer Signature	Date		
	Social Networking Accor	unt Name:	
Additional S	Social Networking Accou	nt Names:	