

City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570

Telephone (203) 878-6551

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Milford Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veterans Administration; public utilities, employment and pre-employment records, including background reports, polygraph exam, efficiency ratings, complaints, disciplinary matters and/or grievances filed by or against me and salary records; real and personal property tax statements and records wherever filed; records of complaints, arrest, trial and/or traffic records; probation records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in a case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Milford Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Milford Police Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain original writing of my signature.

Dated: _____ Signature: _____ D.O.B. _____

Address: _____ Social Security No: _____

Subscribed and Sworn to before me this _____ day of _____ 20 _____.

Seal

Notary Public – Justice of the Peace