

Authorization for Release of Information

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information.

I do hereby agree to permit the SCITUATE POLICE DEPARTMENT to run background checks on me and absolve them in any liability in so doing.

I hereby consent to the photostatic, facsimile, or other reproduction of this document for the purpose of obtaining said information and such photocopy, facsimile, or other reproduction hereof shall have the same force and effect as the original hereof.

Printed Name/Telephone Number

Address

Social Security Number

Date of Birth

Date

Signature