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SPRINGFIELD POLICE DEPARTMENT

130 Pearl Street. Springfield, Massachusetts 01105 (413) 750-2526

AUTHORITY TO RELEASE INFORMATION

NAME: _____
Last Name First Name Middle Name

PREVIOUS NAME OR ALIAS (includes maiden name): _____

RESIDENTIAL ADDRESS: _____
(DO NOT USE Post Office Box) Number Street
City/Town State Zip Code

SOCIAL SECURITY NO.: _____ **DRIVERS LICENSE NO.:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SEX: _____ **RACE:** _____

I, _____ hereby authorize any Police Officer of the Springfield Police Department bearing this release, or copy of thereof, even though said photocopy does not contain an original writing of my signature, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, hospitals, or other repositories of medical records, credit bureaus, consumer reporting agencies, retail business establishments, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, medical, credit, arrest, and conviction record. I hereby request you to release such information upon request of the bearer. Consent is granted for the Springfield Police Department to furnish such information as is described above, to third parties in the course of fulfilling their official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs or assigns, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I reiterate, and emphasize that the intent of this authorization is 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 Springfield 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 be, and the sources of information specifically identified herein.

I understand that any information obtained by a 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 Springfield Police Department. **I understand that all materials pertaining to this background investigation become the property of the Springfield Police Department and will not be returned to me.** I further understand that in the event that my application is disapproved the sources of confidential information cannot be revealed to me. Should there be any question as to the validity of the release, you may contact me as indicated below.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of _____ 19____

Signature: _____

My commission expires _____ 19____

Address: _____

Number Street

Notary: _____

City State Zip Code

Phone: _____