Kyle P. Heagney
Chief of Police

Attleboro Police Department

12 Union Street
Attleboro, Massachusetts 02703
Telephone: (508) 223-2224 Fax: (508) 223-2242
attleboropolice.org

AUTHORIZATION FOR RELEASE OF INFORMATION

Date_____

I, _____, born at (City and State)_____ on (D.O.B.) _____, Social Security Number, _____ having filed an application for employment with the Attleboro Police Department, I consent to have an investigation made as to my moral character, and fitness for the position to which I applied and such information as may be received, reported to the appointing authority. I agree to give any further information, which may be required, regarding my past history.

I authorize and request, every person, firm, company, corporation, government agency, Court association or institution, having control of any documents, records and other information pertaining to me, to furnish to the Attleboro Police Department any such information, including documents, records, files regarding charges or complaints filed against me formal or informal, pending or closed, or any pertinent data; and to permit the Attleboro Police Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

Specifically, I hereby authorize the release of the following data or records to the Attleboro Police Department.

Any and all records

I hereby release, discharge and exonerate the Attleboro Police Department, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by or on behalf of the Attleboro Police Department.

This authority shall continue for one year from date signed, or until revoked in writing by the undersigned.

SIGNATURE: _____

ADDRESS:_____

CITY, STATE, & ZIP CODE:_____