



Kyle P. Heagney
Chief of Police

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attleboropolice.org

AUTHORIZATION FOR RELEASE OF MILITARY RECORDS

Date _____

I, _____, authorize the National Personnel Records Center, 9700 Page Boulevard, St. Louis, Missouri 63132-520 (314-801-0800, Fax 314-801-9195) to release to the Attleboro Police Department, 12 Union Street, Attleboro, Ma 02703, information or photocopies from my Military Personnel File and, Report of Separation. In the case of any request for information relating to any Psychological Records, I authorize the National Personnel Records Center to release such Records to a Medical Doctor or Psychologist selected by the City of Attleboro and, in this case to Dr. Leo Polizoti, 255 Park Avenue Suite 1000, Worcester, Ma 01609.

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

SIGNATURE: _____ DATE _____

WITNESS: _____ DATE: _____

WITNESS (PRINT NAME) _____