



CITY OF CHICOPEE POLICE DEPARTMENT

110 Church Street
Chicopee, Massachusetts 01020
www.chicopeema.gov

DEPARTMENT/OPERATIONS
413-594-1700
FAX: 413-594-1719

TRAINING DIVISION
413-594-1752
FAX: 413-594-3139

CHIEF OF POLICE
413-594-1721
FAX: 413-594-1725

AUTHORIZATION FOR RELEASE OF INFORMATION

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

The intent of this authorization is to give my consent for a 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, and also the records of commercial or retail credit agencies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil, and/or traffic records.

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 by the Appointing Authority for the City of Chicopee in determining my suitability for employment by the Chicopee Police Department.

I understand that all materials pertaining to this background investigation become the property of the Chicopee Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and Sworn before me this
_____ day of _____ 20____
My commission expires _____ 20____
Notary: _____

Signature _____
Printed Name _____
Address _____

