



Mark Foley
Chief of Police

Town of Swansea, Massachusetts
Police Department
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Swansea, Massachusetts 02777



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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

The intent of this authorization is to give my consent for 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 account, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; housing records; real and personal property tax statements and records, and other financial statements and records wherever filed; records or complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

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 that may provide pertinent data for the Swansea 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 appear to be, and the sources of information specifically enumerated above is not intended to deny access to any record not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly and indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Swansea Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy or a facsimile (FAX) of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Date: _____

Address: _____

Date of Birth: _____

SS#: _____

Notary Public: _____

Date: _____