

**PERMISSION FOR RELEASE OF INFORMATION
FOR CRIMINAL RECORDS**

I hereby give my permission for the Middletown Police Department to obtain and release my criminal record for employment or personal reasons. You are authorized to send my record to:

Human Resources

Town of Middletown

FAX #: (401) 845-0412



Print Name

Date of Birth

Social Security Number

Signature

Date

Male Female Race _____
(Optional)

NOTARY PUBLIC (seal)

Address

City/State/Zip

Commission Expires

POLICE DEPARTMENT USE ONLY

Criminal History Performed on _____

NO RECORD _____ RECORD _____

Police Department Authorized Signature