



# HARWICH Police

DEPARTMENT

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KEVIN M. CONSIDINE  
Chief of Police

ADAM E. HUTTON  
Deputy Chief

## AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, born on \_\_\_\_\_, and having filed an application for employment with the Harwich Police Department, consent to having an investigation made as to my moral character, reputation, and fitness for the position for which I have applied, and such information as may be received by or reported to the Harwich Police Department, the Harwich Town Administrator, or the Harwich Select Board. I agree to give any further information which may be required in reference to my past.

I also authorize and request every person, firm, company, corporation, government agency, court, association, or institution having control of any documents, records, and any other information pertaining to me, to furnish to the Harwich Police Department any such information, including but not limited to, documents, records, academic transcripts, performance evaluations, medical records, financial records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Harwich Police Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

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

A photocopy 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.

This authority shall continue for one year from the date indicated under my signature unless sooner revoked in writing by me.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_