

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer, or authorized representative of the Rumford Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievements, attendance personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer.

This Release is executed with full knowledge and understanding that the information is for the official use of the Rumford Police Department. Consent is granted for the Rumford Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personal, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

SIGNATURE / FULL NAME

PRINTED / FULL NAME

DATE:

CURRENT ADDRESS:

TELEPHONE NUMBER:

Sworn to and Subscribed before me this ____ day of _____, 20__

Notary Public, State of Maine

My Commission Expires: _____
