

## PERMISSION FOR RELEASE OF INFORMATION FOR CRIMINAL RECORDS

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

**Kim Andersen**

**HR Office**

**Town of Middletown**

**FAX #: (401) 845-0412**

Print Name

Date of Birth

Social Security Number

Signature ( must be witnessed by Notary)

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