

Authorization for Release of Information

I, _____, have made application for membership with the Chepachet Fire Department, and it is my understanding that a criminal background check will be conducted in connection with my application. I understand that any history, which adversely reflects on my credentials for membership, may be cause for disqualification from further consideration.

I hereby give the Chepachet Fire Department and its agents, the authority to conduct a criminal background check including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employer, law enforcement agencies, and other local, state and federal agencies. This *Authorization of release of Information form* is solely for the purpose of conducting an applicant background investigation for the membership process of the Chepachet Fire Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information form*. I consider a copy of the *Authorization for Release of Information form* to be as valid as the original, even though a copy does not have my original signature.

I hereby release the Chepachet Fire Department and its agents and anyone who gives written or oral information about me to the Chepachet Fire Department from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

Social Security Number

Drivers License Number

Date of Birth

Applicants Signature

Date

Witness Signature

Date