



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of  
(Typed or printed name of candidate here)  
all records or any part thereof, concerning myself, by and to, duly authorized agents of the  
New Durham Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and U.S. Veteran's Administration; public utilities, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal, property tax statements and records, wherever filed; records of complaints, arrest, trial and/or traffic records, records of complaints of a civil nature made by or against me, wherever located and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the New Durham Police Department to consider in determining my suitability for employment with the Town of New Durham's Police Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment with the Town of New Durham Police Department. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. ***A photocopy of this release will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.***

In addition, I hereby affirm that the employment questionnaire contains no misrepresentations or falsifications, no omissions or concealment of material fact(s), and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on the employment questionnaire are subject to full investigation. I am further aware that should said investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application for employment may be rejected and my name removed from consideration by the Town of New Durham and, if already appointed, I may be subject to dismissal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(DOB)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)