



Authority to Release Background Information

Applicant's Name _____

Date of Birth _____ Social Security Number _____

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Old Town Police Department, Old Town, Maine, any and all information that you may have concerning my reputation employment and/or work record, educational records, financial records, financial and credit status, physical and mental records, including all information of a confidential or privileged nature, with photocopies of same if requested.

This information is to be used to assist the City of Old Town in determining my qualifications and fitness for the position I am seeking within the city of Old Town. Consent is granted to the City of Old Town to furnish the information obtained to third parties in the course of fulfilling its official responsibilities.

I hereby release you, your organization, their successors and assigns of and from all manner of actions, suits, claims, and demands whatsoever, in law or in equity, including but not limited to, libel, defamation, slander, invasion of privacy, or other liability or damages which may result from furnishing the information requested above.

Should there be any questions as to the validity of this release, please contact me at the address listed below.

Applicant's Signature

Date

Address

Phone Number

Notary:

Before me personally appeared _____ who says that they have executed this affidavit of their own free will and with full knowledge of its purpose.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public

Dated _____

End of Commission Date _____