Houlton Police Department

Authority for Release of Information (Background Investigation Waiver) Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records.

Applicant's Name: _____ *DOB:* _____

Employing Agency requesting information: Houlton Police Department

Telephone: 207-532-2287

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, 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 requesting agency. Consent is granted for the agency 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, and related personnel, both individually and collectively, from any and all liability 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. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, Report of Separation, to:

_____ _____

Applicant Signature Date

Houlton Police Department
97 Military Street
Houlton, Maine 04730

Applicant Signature: _____ **Date:** _____