



TOWN OF VERNON
DEPARTMENT OF POLICE
725 HARTFORD TURNPIKE
VERNON, CONNECTICUT



Phone (860) 872-9126

Fax: (860) 872-7249

John R. Kelley
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, [redacted], do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the **Detective Division of the Vernon Police Department**, or to any duly authorized agent of the Vernon Police Department, whether said records are public, private, or of confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational, financial, and credit institutions, including records of deposits, withdrawals and balances or checking and savings accounts and loans, and also the records of commercial and retail credit agencies (including credit reports and ratings); public utilities; employment and previous employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records wherever filed; records of complaint, arrest, trial and or conviction for alleged or actual violations of the law, including criminal and 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 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 Town of Vernon to consider in determining my suitability for employment by the town. 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 is 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 in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Vernon. 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 rejections of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date of Birth: _____

Social Security Number: _____

[redacted]
Witness

Date: _____