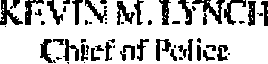
395 MUTE.COlvI AVENUE •• BRISTOL. RHODE ISLAND 02009 TELE.°HOI9E I40 I I 253-6900



AUTHORITY FOR RELEASE OF INFORMATION

(PLEASE PRINT)

NAMR MAIDEN NAMR LICENSE # STATE

## DOB

CLASS

ADDRESS CITY STATE ZIP

## PHONE

This release, when presented by a duly authorized representative o:I The Bristol Police Department will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and Automation regarding my background.

Specifically, I hereby authorize the release of any and all records and intonation including that, which may be privileged in nature. This includes, but is not limited to employment infgrmation, military information, residence records and police or criminal records.

# This information is given in connéction with a personal background investigatifin being

conducted by the Bristol Police Department for the purposes of:

# Volunteer Work:

(State name of organization and position you are volunteering for) Other:

## SIGNATURE: DATE:

*1MFBTF \*ODMVEF $PQZ PG 7BMJE 4UBUF \*TTVFE %SJWFShT -JDFOTF PS 1IPUP \*%*

lt is understood that photocopies of this release may be considered as originals.

NOTE: If you have resided in any other state(s): be-sides Strode Island, please list them on ihe reverses side of this fnrm.

\* \* \* *%P /PU 8SJUF #FMPX* Altro *-JOF 'PS 1PMJDF %FQBSUNFOU 6TF 0OMZ*

## POLICY-: RECCRB: YES NO FEE:

Autiinrize‹i BPD Signature:

*×P[* i Revi.sed 3/27/2019