Town of Berlin
240 Kensington Rd.
Berlin, CT 06023

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, including photocopies of documents if requested, concerning myself, by and to the Town of Berlin, whether said records are of a public, private or confidential nature.

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 Berlin, to consider in determining my suitability for employment. 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 Berlin. 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.

I do hereby hold harmless against civil liability any person, business, organization, or institution that releases any information about me authorized by this release.

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.

_____ _____

Print Name Signature Date

Date of Birth: _____ Social Security #: _____

Address: _____