

The Commonwealth of Massachusetts Department of State Police

Human Resources Section
470 Worcester Road, Framingham, MA 01702
(508) 820-2339

AUTHORIZATION FOR RELEASE OF INFORMATION

(Print clearly in ink or type)

Please accurately complete the following information:

NAME: _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____		
RESIDENTIAL ADDRESS: _____		
(Not a Post Office Box)	Number	Street
City/Town	State	Zip Code
MAILING ADDRESS (If different) _____		
SOCIAL SECURITY NO.: _____		DRIVER'S LICENSE NUMBER: _____
DATE OF BIRTH: ____ / ____ / ____		PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employers including but not limited to employment and pre-employment records, background reports, efficiency ratings, complaints and/or grievances filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil/probate nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate and emphasize that the intent of this authorization is 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 Department of State Police to consider in determining my suitability for employment by the Department of State Police. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a 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 Department of State Police. I understand that all materials pertaining to this background investigation become the property of the Department of State Police and will not be returned or provided to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot and will not be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Signature: _____

Street Address _____

City: _____

State: _____

Zip Code: _____

The identity of the above-named applicant has been verified by the Massachusetts State Police.