

**TOWN OF SKOWHEGAN
AUTHORIZATION TO RELEASE INFORMATION**

Name: _____ Date: _____

Address: _____ DOB: _____

_____ SS# _____

Home Phone: _____ Cell Phone: _____

I hereby direct any law enforcement agency, hospital, mental institution, or other medical facility, school, college, university, or other education institution, consumer reporting agency, financial institution or business establishment, including any of the officers, employees, or related personnel of any of the foregoing to provide to the Selectmen of the Town of Skowhegan, the Chief of Police or any other authorized personnel bearing this release any and all information in your files concerning my criminal, medical, psychological, educational, medical and employment history.

I hereby release any of the above entities or their employees or 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 attempt to comply with it.

I hereby direct you to release such information upon the request of the bearer, only if it is within one year of the date of my signature below. Should there be any question of the validity of this release, you may contact me as indicated above.

This release is executed with full knowledge and understanding that the information obtained is for the official use of the Town of Skowhegan.

Signature

Date

The above was subscribed and sworn before me this ___ day of _____, 20___
by _____.

Notary Public