



Joseph S. DelPrete
Chief of Police

GLOCESTER POLICE DEPARTMENT

162 Chopmist Hill Road
Glocester, Rhode Island 02814
(401) 568-2533

AUTHORITY FOR RELEASE OF INFORMATION

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SS# _____

ADDRESS: _____

This release, when presented by a duly authorized representative of the Glocester Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of my records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that, which may be confidential or privileged in nature. This includes, but is not limited to, employment information, credit bureau information, educational information, medical information, military information, residence information and police or criminal records.

This authorization is given in connection with a personal background investigation being conducted relative to my application for employment with the Town of Glocester. It is understood that photocopies of this release may be considered originals.

Date

Applicant's Signature

Subscribed and Sworn Before me, This _____ day of _____ 20____.

My commission expires: _____

Notary Public: _____

“The Town of Glocester is an Equal Opportunity Employer”