**TOWN OF MATTAPOISETT**

64 COUNTY ROAD

MATTAPOISETT, MASSACHUSETTS 02739

PHONE: (508) 758-4141 • FAX: (508) 758-4146

**POLICE DEPARTMENT**

JASON A. KING, CHIEF OF POLICE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Date: \_

I, , date of birth / / having filed an

application for employment with the Mattapoisett Police Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, will be reported to the appointing authority. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Mattapoisett Police Department any such information, including document, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Mattapoisett Police Department of any of its agents or representatives to inspect and make copies of such documents, records or other

information.

Specifically, I hereby authorize the release of the following data or records to the Mattapoisett Police Department

I hereby release, discharge, and exonerate the Mattapoisett Police Department, it's agents and representatives, and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Mattapoisett Police Department.

This authority shall continue for one (1) year from the above date unless sooner revoked in writing by the undersigned.

Signature Witness