

Hopkinton Police Department

406 Woodville Road Hopkinton, RI 02833

David Palmer Chief of Police

PHONE: 401-377-7750 FAX: 401-377-7755

AUTHORIZATION FOR RELEASE OF INFORMATION

| I,, will be volunteering with the Town of Hopkinton, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history, which adversely reflects on my qualifications to do so, may cause for disqualification from further consideration to volunteer for the Town of Hopkinton. |
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| I hereby give the Town of Hopkinton and its agents, the authority to conduct a comprehensive investigation of my background including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies and other local, state and federal agencies. This Authorization for Release of Information form is solely for the purpose of conducting an applicant background investigation for volunteering with the Town of Hopkinton. |
| To the custodian of records discussed herein, I hereby authorize you to release information to the bearer of the Authorization for Release of Information form. I consider a copy of the Authorization for Release of Information form to be as valid as the original, even though a copy does not have my original signature. |
| I hereby release to the Town of Hopkinton and its agents and anyone who gives written or oral information about me to the Town of Hopkinton from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associates, assigns and representatives. |
| Date Signature of Applicant |
| Social Security Number WitnessDriver's License NumberDate of Birth |