

PERMISSION FOR RELEASE OF INFORMATION FOR CRIMINAL RECORDS

I hereby give my permission to the Middletown Police Department to obtain and release my criminal record for employment or personal reasons. You are authorized to send my record to:

HR Office

Town of Middletown

FAX #: (401) 845-0412

Print Name

Date of Birth

Social Security Number

Signature (must be witnessed by Notary)

Date

Male Female Race _____
(Optional)

NOTARY PUBLIC (seal)

POLICE DEPARTMENT USE ONLY

Address

City/State/Zip

Commission Expires

Criminal History Performed on_____

NO RECORD_____ RECORD_____

Police Department Authorized Signature