



TOWN OF SOUTHBRIDGE
 SOUTHBRIDGE, MASSACHUSETTS 01550-2638
www.ci.southbridgema.us

AUTHORIZATION FOR RELEASE OF INFORMATION RELATIVE TO PROPOSED EMPLOYMENT WITH THE TOWN OF SOUTHBRIDGE

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:
 (Print clearly in ink or type)

NAME: _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____		
RESIDENTIAL ADDRESS: _____		
(Not a Post Office Box)	Number	Street

City/Town	State	Zip Code
MAILING ADDRESS (If Different): _____		
HAVE YOU EVER RESIDED IN ANOTHER STATE? _____		IF YES, WHERE? _____
SOCIAL SECURITY NUMBER: _____		DRIVERS LICENSE NUMBER: _____
DATE OF BIRTH: ____ / ____ / ____		PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of a full disclosure and/or release of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Town of Southbridge, whether the said records are public, private or confidential in nature.

The intent of the authorization is to give my consent for a full and complete disclosure and/or release of records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I fully acknowledge and understand that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Southbridge Police. It is my specific intent to provide full access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that all materials pertaining to this background investigation become the property of the Town of Southbridge and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.