

PLAINFIELD POLICE DEPARTMENT



Mario A. Arriaga
Chief of Police

Town of Plainfield, Connecticut

210 Norwich Road
Plainfield, CT 06374
Phone: (860) 564-0804
www.plainfieldctpolice.com



William D. Wolfburg
Deputy Chief of Police

Authorization to Release Information

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

As an applicant for a position with the Plainfield Police Department, I am required to furnish information for use in determining my qualifications, moral character, honesty, and suitability. I make this waiver because it is necessary for the Plainfield Police Department to conduct a pre-employment (background) investigation of my application(s) to become an employee of the Plainfield Police Department. I hereby request and authorize you to disclose, make available and furnish, to the Plainfield Police Department the full disclosure of any record. Files, reports, notes, opinions or any other information you may have concerning me, in any format whatsoever, including information of confidential nature, to an authorized investigator of the Plainfield Police Department or other designated law enforcement agency. This includes, but not limited to, the release of all employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, financial records, credit history, driving history, military records, arrest or criminal records, including any investigative files or reports, court records, probation reports, and traffic citations. This release includes photocopies or duplicates of the above material or documents if requested by the Plainfield Police Department.

I understand and agree that the information you provide pursuant to this authorization will be kept confidential by the Plainfield Police Department, and I will hold harmless of any responsibility for the disclosure or release of any information, records, etc. I further understand and hereby waive any rights to obtain or receive the information that you provide to the Plainfield Police Department. I further understand that any information obtained by this background investigation which is developed directly or indirectly upon this release authorization will be considered in determining my suitability for employment.

Please note that a photocopy or facsimile of this signed authorization form is to be considered as valid as original.

X _____

(Applicant)

X _____

(Witness)

_____/_____/_____
(Date Signed)

(Date Signed)

_____/_____/_____
(Date Signed)

(Date Signed)