

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, born at _____
on _____, having filed an application for a position with the
Provincetown Police Department, consent to have an investigation made as to my moral
character, reputation and fitness for the position to which I have applied. I also agree that such
information may be received, reported to and reviewed by 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 Provincetown Police Department any such information,
including documents, records, and files regarding charges or complaints filed against me, formal
or informal, pending or closed, or any other pertinent data, and to permit the police department
or any of its agents or representatives to inspect and make copies of such documents, records
and other information.

I hereby release, discharge and exonerate the Provincetown Police Department, its agents and
representatives and any 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 Provincetown Police Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.
A photocopy of this release form will be valid as an original thereof, even though the said
photocopy does not contain my signature's original writing.

Signature of Applicant

Date

COMMONWEALTH OF MASSACHUSETTS

_____, SS.

I, _____, being duly sworn, depose and state I am the above
named person. I have personally read the above statement, agreed to its contents, and signed
it voluntarily.

Signature of Applicant

Sworn before me this _____ day of _____, _____.

Notary Public _____

My Commission Expires: _____