

PORTSMOUTH WATER and FIRE DISTRICT
1944 East Main Road, P. O. Box 99
Portsmouth, RI 02871

Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Portsmouth Water and Fire District, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings, medical and psychiatric treatment and consultation including hospitals, clinics private practitioners, the U.S. Veterans Administration, the United States military, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, housing records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature made by recollections of attorney's at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had any interest.

I reiterate and emphasize 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 Portsmouth Water and Fire District to consider in determining my suitability for employment with the Portsmouth Water and Fire District.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment with the Portsmouth Water and Fire District. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of a facsimile (fax) or this release form will be valid as an original hereof, even though the said photocopy does not contain an original specimen of my signature.

Date: _____ Signature: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

State of Rhode Island
County of _____

In _____ in said County on the _____ day of _____, 20____, before me personally appeared _____ each and all to me known, and known by me to be the party(ies) executing the foregoing instrument, and _____ acknowledged said instrument, by _____ executed to be _____ free act and deed.

(Signature of Notary, Title)