



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any member of the Belmont Police Department or anyone acting for them, within one year of this date, to obtain any information in your files pertaining to employment, military, medical, credit, or educational records including, but limited to; academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records and credit records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Belmont Police Department. Consent is granted for the Belmont Police Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family of associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity if this release, you may contact me as indicated below.

FULL NAME: _____
(SIGNATURE)

FULL NAME: _____
(TYPED OR PRINTED)

DATE of Birth: ____ / ____ / ____ Social Security # _____

CURRENT ADDRESS: _____

TELEPHONE NO. () _____

WITNESS: _____
(BELMONT POLICE DEPARTMENT)

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires; _____.

(NOTARY PUBLIC)

(ADDRESS)