



# Groton Fire Department

*Fire ~ EMS ~ Rescue*

*"Together We Serve the Community"*

45 Farmers Row  
Groton, Massachusetts 01450  
Tel: (978) 448-6333  
Fax: (978) 448-1116



## AUTHORITY FOR RELEASE OF INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the Groton Police Department/ Groton Fire Department, whether said records are of 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/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary 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 the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law, or other legal counsel, whether representing me or another person in any case in which I presently have, or have had an 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 Groton Fire Department to consider in determining the suitability for employment by this department. 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 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 of employment with the Groton Fire Department. I understand that all materials pertaining to this background investigation become the property of the Groton Fire Department 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, arising out of or by reason of complying with this request.

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

***MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:***

**Subscribed and sworn before me this**

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission Expires \_\_\_\_\_ 20\_\_\_\_\_

Notary: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City State Zip Code**