



Bristol Police Department

395 METACOM AVENUE ❖ BRISTOL, RHODE ISLAND 02809
TELEPHONE (401) 253-6900



AUTHORITY FOR RELEASE OF INFORMATION (PLEASE PRINT)

NAME _____ DOB _____
 MAIDEN NAME _____ SSN _____
 LICENSE # _____ STATE _____ CLASS _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____

This release, when presented by a duly authorized representative of The Bristol Police Department will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that, which may be privileged in nature. This includes, but is not limited to employment information, military information, residence records and police or criminal records.

This information is given in connection with a personal background investigation being conducted by the Bristol Police Department for the purposes of:

Volunteer Work: _____
 (State name of organization and position you are volunteering for)

Other: _____

SIGNATURE: _____ DATE: _____

It is understood that photocopies of this release may be considered as originals.
 NOTE: If you have resided in any other state(s) besides Rhode Island, please list them on reverse side of this form.

POLICE RECORD: YES NO FEE: _____

Authorized BPD Signature: _____ Date: _____