# Town of Avon

60 West Main Street
Avon Ct 06001

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, including photocopies of documents if requested, concerning myself, by and to the Town of Avon, whether 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/or ratings, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization 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 Town of Avon, to consider in determining my suitability for employment. 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 is not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the 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 by the Town of Avon. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

I do hereby hold harmless against civil liability any person, business, organization, or institution that releases any information about me authorized by this release.

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

_____ _____

Print Name Signature Date

Date of Birth:_____ Age: _____Social Security #:_____

Drivers' License #/State_____