



DARTMOUTH POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

(PLEASE PRINT THE FOLLOWING INFORMATION)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY/ TOWN STATE ZIP CODE

SOCIAL SECURITY#	DRIVERS LICENSE# & STATE	DATE OF BIRTH

HOME PHONE #	CELLULAR PHONE#

I, _____ HEREBY
AUTHORIZE

PRINT FIRST MIDDLE LAST NAME

THE DARTMOUTH POLICE DEPARTMENT TO CONDUCT A CRIMINAL BACKGROUND (CORI) CHECK. I HEREBY RELEASE ALL PERSONS WHOMSOEVER FROM ANY CHARGE OR CIVIL SUIT RESULTING FROM THE FURNISHING OF SAID INFORMATION TO THOSE INTERESTED PARTIES WHO MAY BY LAW REQUEST SAME.

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.

SIGNATURE OF APPLICANT _____

DATE: _____

APPLICANT IS REQUIRED TO ATTACH A PHOTO COPY OF DRIVER'S LICENSE OR OTHER OFFICIAL IDENTIFICATION TO THIS FORM.