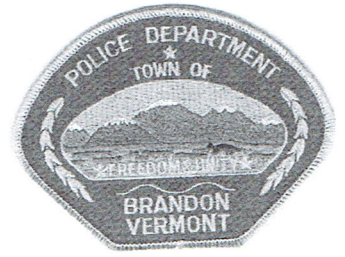




Brandon Police Department
301 Forest Dale Road, Brandon, VT 05733

Tel. (802) 247-0222 Fax (802) 247-0221



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
(Last) (First) (Middle I.) (DOB)

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Brandon Police Department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigation resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me; and including, but not limited to the records and recollections of me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

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

(Applicants Signature)

(Number and Street) (City) (State) (Zip Code)

Subscribed and Sworn to before me on
this _____ day of _____ 20____

Notary Public (Term Expires: _____)