**Branford Police Department**  33 Laurel Street Branford, CT 06405 Phone: 203-481-4241 Fax: 203-483-1992

Authorization for Release of Personal Information

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any thereof, concerning myself, by and to any duly authorized agent of the Branford Police Department, Town of Branford, and Branford Police Commission, 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 criminal history records, including records of arrests, background investigations, citations, dispositions, and/or grievances filed against me.

The intent of this authorization is to provide full and free access to the background and history of my personal file, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Branford Police Department, Town of Branford, and Branford Police Commission to consider my suitability for an application for a pistol permit within the Town of Branford. It is my specific intent to provide access to the Branford Police Department all information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the Branford Police Department during the criminal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorized release, will be considered in determining my suitability for a pistol permit application within the Town of Branford. (A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain original handwriting of my signature.)

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_  
  
Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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