



**State of New Hampshire
POLICE STANDARDS & TRAINING COUNCIL
Arthur D. Kehas
Law Enforcement Training Facility & Campus
17 Institute Drive –Concord, NH 03301-7413
TEL 603-271-2133 FAX 603-271-1785**



Sheriff Michael L. Prozzo, Jr.
Chairman

Donald L. Vittum
Director

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize full disclosure and release with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. Below please list name of person, department or organization that is to receive information requested.

Name/organization/department receiving information

Agency Telephone #: _____

Street

City, State & Zip

- This authorization is specifically intended to include any and all information of a confidential or privileged nature **as well as photocopies** of such documents, if requested. The information will be used for the purpose of determining my **eligibility for employment** as a law enforcement officer.
- This authorization is specifically intended to obtain **a copy of my training records** with Police Standards & Training, to be **considered as transcripts to a learning institution.** Please check copies requested.
 - Employment History Course Completions CEU's
 - Certificate(s) Evaluations Grades

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer.

NOTE: *I understand I am entitled to one copy of my training record per year, and additional copies within a 12-month period are available to me for a \$15.00 fee.*

This release will expire sixty days after the date signed. A photocopy of this release form will be as valid as an original.

Signature Date

Print full name

Social Security Number Date of Birth

Print street address

City, State & Zip

Work Tel # Home Tel #