

NH POLICE STANDARDS & TRAINING
Arthur D. Kehas Law Enforcement Training Facility & Campus
17 Institute Drive, Concord, NH 03301
TEL 603-271-2133 FAX 603-271-1785

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize full disclosure and release with any and all information that is requested 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/ Department/ Organization receiving information

Agency

Telephone #:

Address

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 NH Police Standards & Training, to be considered as transcripts for a learning institution. Please check copies requested.

Employment History

Course Completion(s)

CEU's

Grades

Certificate(s)

Course Curriculum/ Hours

Evaluations

Other _____

I hereby release NH Police Standards & Training Council 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. Additional copies within a 12 month period are available to me for a \$15.00 fee.

This release will expire within sixty (60) days after the date signed. A photocopy of this release will be as valid as an original.

Signature

Date

Print Full Name

Date of Birth

Print Address

Work Tel #

Home Tel #