



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY Municipal Police Training Academy

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Colonel Ann C. Assumpico  
Superintendent, Rhode Island State Police  
Director, Department of Public Safety

Lieutenant Scott N. Raynes  
Executive Director  
Municipal Police Training Academy

## Mental Health

### Authorization for Release of Information

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the ANYTOWN Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from \_\_\_\_\_ (name of institution) regarding medical and psychiatric treatment and consultation, including records of hospitals, clinics and private practitioners operating within or in association with said \_\_\_\_\_ (name of institution).

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information for the ANYTOWN Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, pursuant to this release authorization will be considered in determining my suitability for employment by the ANYTOWN Police Department. I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the ANYTOWN Police Department and its agents and anyone who gives written or oral information about me to the ANYTOWN Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Witness: \_\_\_\_\_