



# 2012 Rochester and Somersworth Citizen's Police Academy



## RELEASE OF INFORMATION AUTHORIZATION

RE: Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

This is to certify that I am applying for the Rochester/Somersworth Police Department's Citizen Academy. In connection with this application, I hereby authorize the Rochester or Somersworth Police Department to conduct a criminal records check to prove my fitness for acceptance into the Academy. Those with Felony level convictions, domestic violence related convictions, or convictions under NH RSA 318-B; Controlled Drug Act, or any other conviction the department determines to render the applicant unsuitable for participation in the program.

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT PLEASE NOTE:** You are not required to supply the information requested on this form. If you do not furnish the information requested, the processing of your application shall cease and you will receive no further consideration. The information you supply will be used principally as a basis for an investigation to determine your fitness for participation in the Citizens Academy with the City of Rochester or City of Somersworth, including a security clearance and evaluation of qualifications. The information obtained will be kept in the

**strictest confidence. No other Agency will have access to this information without written permission from you.**