

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

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

A search of the records of the Bloomfield Police Department reveals the following:

\_\_\_\_\_ No record

\_\_\_\_\_ Record(s) for the following:

DATE

CHARGE

DISPOSITION

The above information is by name check and date of birth only.

\_\_\_\_\_  
Bloomfield Police Department

I, \_\_\_\_\_, hereby authorize the BLOOMFIELD POLICE DEPARTMENT (or any agent thereof) to conduct a background investigation of me.

I hereby expressly authorize the release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency and any organization, company, institution or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

A copy of this signed statement is authorized to be used for release of information.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_