



Bristol Police Department

395 METACOM AVENUE ❖ BRISTOL, RHODE ISLAND 02809
TELEPHONE (401) 253-6900



KEVIN M. LYNCH
Chief of Police

AUTHORITY FOR RELEASE OF INFORMATION (PLEASE PRINT)

NAME _____ DOB _____
MAIDEN NAME _____
LICENSE # _____ STATE _____ CLASS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____

This release, when presented by a duly authorized representative of The Bristol Police Department will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that which may be privileged in nature. This includes, but is not limited to employment information, military information, residence records and police or criminal records.

This information is given in connection with a personal background investigation being conducted by the Bristol Police Department for the purposes of:

Volunteer Work: _____
(State name of organization and position you are volunteering for)

Other: _____

SIGNATURE: _____ DATE: _____

*** Please Include Copy of Valid State-Issued Driver's License or Photo ID

It is understood that photocopies of this release may be considered as originals.

NOTE: If you have resided in any other state(s) besides Rhode Island, please list them on the reverse side of this form.

*** Do Not Write Below This Line (For Police Department Use Only) ***

POLICE RECORD: YES NO FEE: _____

Authorized BPD Signature: _____ Date: _____