

APPLICANT'S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
(NOT required for applicants under 18 years of age)

I _____, do hereby authorize a review and full disclosure of records concerning myself to the Cheshire Volunteer Fire Department, the Ontario County Sheriff's Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership in the Cheshire Volunteer Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Cheshire Volunteer Fire Department, and the Ontario County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Applicant Signature

Date

Social Security Number

Witness: (REQUIRED)

Signature

Title