AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN,

I hereby authorize the Maynard Fire Department or any **representative** of the Maynard Fire Department, bearing a signed copy of this release, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to: achievement, attendance, athletic, personal history, disciplinary records, medical records, mental health/psychiatric records and credit records.

I also hereby authorize any federal, state, county, municipal, or other law enforcement agency to release any records in their files, which pertain to me.

I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for employment purposes. Consent is granted for the Maynard Fire Department to furnish such information, as described above, to third parties while fulfilling its official responsibilities.

I hereby release you, officers, employees, or related personnel, as custodians of such records, and any school, college university, or other educational institution, hospital, or another repository of medical records, credit bureau, lending institution, consumer reporting agency, law enforcement agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number voluntarily, with the understanding Federal statute or regulation does not require such. I have been advised that the Maynard Fire Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this background investigation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

_____ _____

(Signature) (Printed Name)

_____ _____

(Date) (Social Security number)

_____

(Address)

_____

(City, Town, State, Zip code)

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Town of Maynard for the position of Fire Department, I recognize that the Maynard Fire Department has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them in Public Safety positions conform to the very highest standards.

The Maynard Police Department will be conducting a comprehensive background check on behalf of the Maynard Fire Department.

Therefore, to the extent permitted by law, I hereby release and hold harmless the Town of Maynard and in turn the Maynard Fire Department, and the Maynard Police Department and its officers, agents, or assigns, now and in the future, from any claim for damages in law or in inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information discovered in the course of this pre-employment investigation, including, but not limited to, the identity or identities of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

To the extent permitted by law, I hereby waive my right, now and in the future, to receive, photocopy, obtain, examine, review; or otherwise discover the contents of this investigation and all records related thereto. I acknowledge that, to the extent permitted by law, such records, materials, and information will remain confidential. The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Maynard Fire Department.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

_____ _____

(Signature of Applicant) (Printed Name)

_____

(Date)