



State of New Hampshire  
POLICE STANDARDS & TRAINING COUNCIL  
Arthur D. Kehas  
Law Enforcement Training Facility & Campus  
17 Institute Drive –Concord, NH 03301-7413  
TEL 603-271-2133 FAX 603-271-1785



Sheriff Michael L. Prozzo, Jr.  
Chairman

Donald L. Vittum  
Director

## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and authorize full disclosure and release with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. Below please list name of person, department or organization that is to receive information requested.

\_\_\_\_\_  
Name/organization/department receiving information

\_\_\_\_\_  
Agency Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip

- ☐ This authorization is specifically intended to include any and all information of a confidential or privileged nature **as well as photocopies** of such documents, if requested. The information will be used for the purpose of determining my **eligibility for employment** as a law enforcement officer.
- ☐ This authorization is specifically intended to obtain **a copy of my training records** with Police Standards & Training, to be **considered as transcripts to a learning institution.** Please check copies requested.
- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Course Completions | <input type="checkbox"/> CEU's  |
| <input type="checkbox"/> Certificate(s)     | <input type="checkbox"/> Evaluations        | <input type="checkbox"/> Grades |

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer.

**NOTE:** *I understand I am entitled to one copy of my training record per year, and additional copies within a 12-month period are available to me for a \$15.00 fee.*

This release will expire sixty days after the date signed. A photocopy of this release form will be as valid as an original.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Print street address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Work Tel # Home Tel #