



Lincoln Police Department

100 Old River Road
Lincoln, RI 02865
(401) 333-1111
A State Accredited Agency



Chief of Police
Dennis Fleming

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Lincoln Police Department, whether the said records are of a public, private, or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had and interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Lincoln Police Department to consider determining my suitability to carry a concealed weapon.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

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 authorization will be considered in determining my suitability for carrying a concealed weapon by the Lincoln Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy or a facsimile (FAX) of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date: _____ Signature: _____

Address: _____

Date of Birth: _____ SSN#: _____

Witness: _____