

Background Investigation Authorization:

This is to certify that I have applied for an Absolute Pardon with the Connecticut Board of Pardons and Paroles and have completed this application fully, truthfully and accurately. I acknowledge that an investigation will be conducted.

In consideration for the processing of my application, I, _____, formerly known as _____, do hereby agree to the following:

WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:

Having made application to the Connecticut Board of Pardons and Paroles for an Absolute Pardon, I would like a panel of the Pardons Board to consider it an accurate reflection of my criminal history, record and character, I authorize the release of any and all information, verbal and/or written, which includes but is not limited to, information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons from any liability arising out of the furnishing of said information. I understand I may be required to complete an additional authorization form allowing the Board to obtain any relevant medical records or mental health records.

INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of the above named individual, including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or correctional facility or agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the Pardons Board or officer conducting the background investigation incident to my application for an Absolute Pardon, may furnish said information.

INFORMATION TO BE RELEASED TO:

The Connecticut Board of Pardons and Paroles or its designated agent.

PURPOSE OF RELEASE:

I, the above named applicant, have requested an Absolute Pardon from the Connecticut Board of Pardons and Paroles. The members of the pardons panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to my application for an Absolute Pardon. **I understand my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document.** I understand I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for an Absolute Pardon. I understand if I refuse to sign this authorization document, my application for an Absolute Pardon will not be considered. I understand information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for a pardon.

NEW INFORMATION:

I certify I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a pardon. I affirm I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm any police reports or official information I have forwarded to the Pardons Board have not been altered or have any pages omitted. **I will notify the Pardons Board, in writing, of the existence of any additional criminal matters that are pending against me or of any new arrests, from the time that this affidavit is executed, to the date that an Absolute Pardon certificate may be issued by the Board.**

This waiver shall apply to any right of action of any nature whatsoever, which may accrue to me, my heirs, or my personal representative(s). Copies of this authorization, with my signature, are deemed to be as valid as the original release, signed by me. This authorization is valid for one (1) year from the date signed.

Dated this _____ day of _____, 20 ____

Applicant's Signature

Subscribed and Sworn before me this _____ day of _____, 20 ____

(Notary Seal)

Signature of Notary or Commissioner of Superior Court

My Commission Expires on: _____