

State of Connecticut
DEPARTMENT OF EMERGENCY
SERVICES AND PUBLIC
PROTECTION



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 Connecticut State Police whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of all transcripts and other records made by or in the possession of any educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings); records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records.

This release specifically includes, among other things, any records in the possession of the Connecticut Department of Revenue Services and any other, State, Federal, or local tax assessing or collecting authority; any personnel, disciplinary or other records in the possession of any branch of the United States armed forces or the military forces of any state.

It is the intent of this authorization 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 State of Connecticut Judicial Selection Commission to consider in determining my suitability for recommendation to the Governor. 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 are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the 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 judicial appointment by the Governor. A photocopy or facsimile of this release will be valid as original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Signature: _____ Date: _____

Date of Birth: _____ Soc. Sec. No. : _____