



**STATE MARSHAL COMMISSION**  
450 Columbus Boulevard Suite 1403, Hartford, CT 06103  
Thomas A. Esposito, Esq., Chair  
Shirley Skyers-Thomas, Esq., Vice-Chair  
Tony Valenti, Director of Operations

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, including photocopies of documents if requested, concerning myself, to The State of Connecticut, State Marshal Commission or a duly authorized agent of the State Marshal Commission, 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 the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies including credit reports and/or ratings, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records, including background reports, polygraph results, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection 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 an interest.

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 Marshal Commission, to consider in determining my suitability for appointment as a State Marshal. 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 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 appointment as a State Marshal.

I do hereby hold harmless against civil liability any person, business, organization, or institution that releases any information about me authorized by this release. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I understand that any information that is of a public safety concern or reflects upon my fitness for the appointment of a State Marshal may be shared with my current employer if deemed necessary by the State Marshal Commission Director of Operations.

_____	_____
Applicant Signature	Date of Birth
_____	_____
Witness	Date