

**THE
LIGHTHOUSE
PROGRAM**



After School / Summer Programs
*making a **DIFFERENCE!***

Police Department

Waiver Of Confidentiality

Authorization For Release of Information

I hereby waive the privilege of confidentiality to which I otherwise am entitled and authorize the release and full disclosure of all records concerning me including:

financial status; credit rating; loans; liens; medical; psychiatric; clinical and hospital treatment; real and property tax statements and records; employment records and salaries; evaluations; grievances; arrests; traffic; other criminal and civil records; and all other data considered pertinent by the investigating officer.

This information, including submission of my fingerprints is being collected as part of a background investigation to determine my suitability for employment. The Bridgeport Police Department and Department of Public Safety are hereby authorized to review my personal records and history for that purpose.

I understand that the gathering of information as authorized by this statement is part of my total review process for consideration for employment and I do hereby release from liability and damages any person, company, or institution providing the required information for the purpose cited herein.

APPLICANT: _____ DATE OF BIRTH: _____

SOCIAL SECURITY # _____ - _____ - _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

Ct. Department of Public Safety
1111 Country Club Rd.
Middletown, Connecticut 06457

Bridgeport Police Department
Office of Internal Affairs
170 Lafayette Street
Bridgeport, Connecticut 06604

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.