



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, 1. \_\_\_\_\_ 2. \_\_\_\_\_ am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information.

I do hereby agree to permit the SCITUATE POLICE DEPARTMENT to run background checks on me and absolve them in any liability in so doing.

I do hereby authorize the release of any and all information to SCITUATE LODGE 30 FOPA.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
NAME (Signature)

\_\_\_\_\_  
ADDRESS

1. \_\_\_\_\_ 2. \_\_\_\_\_  
SOCIAL SECURITY NUMBER

1. \_\_\_\_\_ 2. \_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATED