



Office of the Governor
State of Maine

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, to **the State Bureau of Identification**, a duly authorized agent of the State of Maine, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of any institution, agency, department, system, and the like concerning criminal acts now or formerly prohibited by law. I understand these records may include additional personal information that may not be redacted and specifically authorize release thereof.

It is the intent of this authorization to provide free and full access to the background and history of my personal life, for the specific purpose of undertaking a background investigation, which may provide pertinent data in determining my suitability for employment, appointment, or commissioning by the State of Maine. It is my specific intent to provide access to such personal information, however personal or confidential it may appear to be, to assist the relevant parties in determining said suitability 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, whether developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment, appointment, or commissioning by the State of Maine. I acknowledge that this has been fully and clearly explained to me and fully understand that the refusal to grant authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy or electronic version of this release will be valid as an original hereof.

SIGNATURE _____ **DATE** _____

STREET ADDRESS _____

DOB _____ **SSN** _____ **PHONE** _____

WITNESS SIGNATURE _____

WITNESS NAME _____