

NEWMARKET PD BACKGROUND RELEASE WAIVER

I, _____,
(First Name) (Last Name)

of _____
(Current address)

Do hereby authorize a review of and full disclosure of all records concerning myself to
be released to _____
(Name of Organization)

The purpose of this will be to evaluate any police contact that I may have experienced with the Newmarket Police Department. This applies to any and all records, which may be considered public, private or confidential by law. I hereby request and authorize you to furnish the above listed person/ agency with any police files or reports pertaining to any arrest, summons, or other police action in which I was involved except juvenile records shall not be released without a court order. This authorization is specifically intended to include any and all information of a privileged nature as well as photocopies of such documents, if requested. I understand that any information obtained by a personal history background check, which is developed directly or indirectly, in whole or in part, upon this release, may be considered by the requesting person/agency for whatever purposes they deem appropriate. I hereby affirm and certify that any persons, agencies and businesses listed above or agents thereof who receive such information concerning me shall not be held liable for receiving such information; and I do hereby release the Town of Newmarket and all agents of the Town of Newmarket Police Department from any and all liability which may be incurred as a result of furnishing such information. This background release waiver shall expire thirty (30) days from the date signed and a photocopy or facsimile will be valid as an original thereof, even though the said document doesn't contain an original writing of my signature.

**Signature of Person Authorizing
Information Release**

Date of Birth

Date Waiver Signed

Witness Signature

Witness Name – Printed

*** Note: Witness must confirm person's identity through photo driver's license or other valid identification.**