

TOWN OF HAMDEN

CIVIL SERVICE COMMISSION

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, do hereby give my permission to the appropriate administrator and/or physician, or like authority, to make available all records of my being treated or hospitalized for any physical illness and/or disability to the appropriate authority of the Personnel /Civil Service Department – Department of Fire Emergency Service, Hamden, Connecticut. Where I have made application for the position of Entry-Level Firefighter.

Date: _____ Signed: _____

TOWN OF HAMDEN

CIVIL SERVICE COMMISSION

AUTHORIZATION TO RELEASE SCHOLASTIC INFORMATION

I, _____, do hereby give my permission to the appropriate educational authority, or like authority, to make available all Scholastic Records to the appropriate authority of the Department of Fire Service Hamden, Connecticut where I have made application for the position of Entry-Level Firefighter.

Date: _____ Signed: _____

TOWN OF HAMDEN

CIVIL SERVICE COMMISSION

AUTHORIZATION TO RELEASE MENTAL HEALTH INFORMATION

I, _____, do hereby give my permission to the Commissioner of Mental Health, State of Connecticut, or like authority of any other State, or any designee, to make available all records of my being treated or hospitalized for any mental illness, to the appropriate authority of the Department of Fire Service, Hamden Connecticut, where I have made application for the position of Entry-Level Firefighter.

Date: _____ Signed: _____