

**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:** \_\_\_\_\_