

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: _____