

Town of Hamden

Civil Service Commission

Authorization to Release Medical Information

I, _____, do hereby give my permission to the appropriate hospital 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 – Hamden Department of Police Service, Hamden, Connecticut, where I have made application for the position of Entry Level Police Officer.

Date: _____ Signed: _____