

**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 person designated by the Commissioner of Mental Health, or like authority, to make available all records of my being treated or hospitalized for any mental illness, to the appropriate authority of the Department of Police Service, Hamden, Connecticut, where I have made application for the position of Entry Level Police Officer.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_