

**AMHERST FIRE DEPARTMENT APPLICANT'S AUTHORIZATION FOR  
RELEASE OF INFORMATION**

In order to confirm the information that I have supplied on my application for membership with the Amherst Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and references to disclose relevant information and/or records about me to the Amherst Fire Department whether the information be of public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization shall be valid for this and any future information, reports or updates that may be requested.

I understand this form will accompany request for official documents and confirmation of my credentials.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Applicant Driver License Number

Subscribed and Sworn to

Before Me, This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Notary of Public)