

David VanLuven
Town Supervisor

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TOWN OF BETHLEHEM

Albany County - New York

POLICE DEPARTMENT

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AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Physician, Psychologist, Psychiatrist, Dentist, Optometrist, Hospital, Medical Association:
The U.S Armed Services, Maritime Service, Veteran's Administration, Selective Service Admin.;
Any Academic Dean, Registrar, Principal, Guidance Counselor or any authorized person at any:
School, College, University, business School, Trade School, Elementary or High School;
Any Local, State or Federal Law Enforcement Agency; past or present Employer, Internet Service;
Any Credit Bureau, Financial Institution, Insurance Co., or Retail Merchants Association.

I, _____ have applied for a pistol permit in the County of Albany. I am aware that my entire background will be thoroughly investigated and I hereby authorize the release of any and all information you have that concerns me, including, but not limited to medical records, disciplinary records and academic records to a representative of the Bethlehem Police Department. This authorization or reproduction thereof, shall be valid for a period of one year from the date of execution.

Date of Birth: _____ Place of Birth: _____

Social Security No: _____ - _____ - _____

Armed Forces Branch: (if applicable): _____

Service Number: (if applicable): _____

Veteran's Admin. File No. (if applicable): _____

Signature

Current Address

City, State, Zip Code

Sworn before me this _____ day of _____ 20____

Notary