



## Rhode Island Department of Corrections

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ DOB: \_\_\_\_\_,

AKA: \_\_\_\_\_

hereby give the Rhode Island Department of Corrections and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are sensitive, public, private, privileged, or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, state and federal agencies.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Rhode Island Department of Corrections and its agents and anyone who gives written or oral information about me to the Rhode Island Department of Corrections from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associations, assigns and representatives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date