

**Criminal Justice Training Council**  
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*Office of the Executive Director*

### **Authority for Release of Information**

I hereby authorize and request any and every physician, psychologist, medical facility records custodian, school official, and any other person, firm, officer, corporation, association, organization, to include banking and financial institutions, or institute having control of any documents, records, or other information pertaining to me to permit the Vermont Criminal Justice Training Council or any of its representatives to inspect and make copies of any documents, records, and other information.

I hereby authorize all such persons or entities as set out above to answer inquiries, questions, or interrogatories concerning me which may be submitted to them by the Vermont Criminal Justice Training Council or any of its representatives.

I hereby release and hold harmless any and every physician, psychologist, medical facility records custodian, school official, and any other person, firm, officer, corporation, association, organization, to include banking and financial institutions, or institute who or which complies with the authorization and request made herein from any and all liability of any nature and kind arising out of or in any way pertaining to the furnishing or disclosure of such documents, records, and other information to the Vermont Criminal Justice Training Council or any of its representatives.

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

Full Name (Print): \_\_\_\_\_

Other Names Used (Include maiden name): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

