UNITED STATES DISTRICT COURT

DISTRICT OF CONNECTICUT

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Division Manager, Hartford

Bryan Blough
Division Manager, Bridgeport

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize any
[Print Full Name]

investigator, special agent or other duly accredited representative of the authorized federal agency conducting my records check, to obtain any information relating to my activities from employers, criminal justice agencies or other sources of information. This information may include but is not limited to my achievement, performance, attendance, disciplinary, employment history, criminal history records information, and any other matters.

I understand that the information released is for official use by the United States District Court for the District of Connecticut and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may, at any time, result to me on account of compliance, or any attempts to comply, with this authorization.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (*Sign in Ink*)	Full Name (*Type or Print Legibly*)	Date Signed