

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background check, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to confidential information.

I Authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of employment suitability.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government, and that it may be redisclosed by the Government only as authorized by law.

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 or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date
Other Names Used		Social Security Number
Current Address (Street, City, State, Zip Code)		Home Phone Number