



BRENTWOOD POLICE DEPARTMENT
1 DALTON RD.
BRENTWOOD, NH 03833
Tel: (603) 642-8817 Fax: (603) 642-3165
E-mail: info@brentwoodpd.com



Authorization for Release of Medical Records

Dear Sir or Ma'am,

I, _____, born in _____
Print Full Name City and State of Birth

am a candidate for the position of _____ with the **Brentwood NH Police Department**, have been given a conditional offer of probationary employment, and it is essential for the **Brentwood NH Police Department** to evaluate my medical background.

For the purpose of this evaluation, the department requires a list of all injuries and illnesses for which I have been treated.

Please forward to me, in care of the **Brentwood NH Police Department**, recruitment unit, at 1 Dalton Street, Brentwood, NH 03833, any information you have regarding my medical background.

This is a matter of great importance to me, and your prompt reply will be greatly appreciated.

This release will expire 60 days after the date signed.

 Signature of Applicant State of New Hampshire

County of _____. On the _____ day of _____
 20_____.

Personally, appeared the above-named _____ before me,

_____, and acknowledged the foregoing to be his/her voluntary act
Justice of the Peace or Notary Public

and deed.