

HILLSBOROUGH COUNTY DEPARTMENT OF CORRECTIONS

445 Willow Street

Manchester, New Hampshire 03103-6216

Telephone (603) 627-5620 Facsimile (603) 627-5618

www.hillsboroughcountydoc.org

David M. Dionne, CLS
Superintendent

Captain Gifford F.J. Hiscoe, CJM
Security

Captain Marc L. Cusson
Operations

AUTHORITY OF RELEASE OF INFORMATION

To Whom it May Concern:

I hereby authorize the Hillsborough County Department of Corrections to obtain any information pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records, medical records, credit records, and criminal records through the use of N.C.I.C. and Ill. I hereby direct you to release such information upon request of this bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Hillsborough County Department of Corrections to furnish such information as is described above, to third parties in the course of fulfilling it's official responsibilities. I hereby release to you, as custodian of such records, and employer, educational institution, physician, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for the damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or an attempt to comply with it. Should there be any questions to the validity of this release, you may contact me as indicated below.

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY and STATE: _____

DOB: ____/____/____ RACE _____ SEX _____ SSN# ____-____-____

TELEPHONE#: HOME _____ WORK _____

SIGNATURE: _____



Serving The Communities Of: Amherst, Antrim Bedford, Bennington, Brookline, Deering, Francetown, Goffstown, Greenfield, Greenville, Hancock, Hillsborough, Hollis, Hudson, Litchfield, Lyndeborough, Manchester, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Boston, New Ipswich, Pelham, Peterborough, Sharon, Temple, Weare, Wilton, Windsor.

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Captain Willie Scurry
Programs

RELEASE OF LIABILITY

I _____ do hereby request permission to enter
(Please Print Name)

within the confines of the Hillsborough County Department of Corrections. I realize that this is a correctional facility and that that significant potential hazards exist and it is my request to be able to enter the facility nonetheless. I do so at my own risk.


I hereby release the Superintendent, his employees, the Department of Corrections, the County of Hillsborough, and its agents from any and all liability for loss or injury that might arise as a result of my presence in the building and/or my involvement in the above referenced activity.

Signature

Date

Parent or Guardian (if less than 18 years of age)

Date

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