To all law enforcement agencies and courts, either within or outside the State of Maine:

 I hereby authorize and direct you to release to the Commissioner of Public Safety or his/her designee bearing this release, a copy thereof, within six months of the date appearing below, any information in your possession or control concerning me pertaining to the following:

1. conviction data;
2. any criminal matter in which a formal charging instrument is now pending;
3. adjudication data within the past 5 years relating to any civil violation;
4. fugitive from justice status;
5. incidents of abuse of family or household members within the past 5 years;
6. unlawful use of, or addiction to, marijuana or any other drug;
7. reckless or negligent conduct within the past 5 years.

To all military forces, both State and Federal:

 I hereby authorize and direct you to release to the Commissioner of Public Safety or his/her designee bearing this release, or a copy thereof, within 6 months of the date appearing below, any information in your possession or control concerning me pertaining to a dishonorable discharge from the military forces.

To the Justice Department, Immigration and Naturalization Service:

 I hereby authorize and direct you to release to the Commissioner of Public Safety or his/her designee bearing this release, or a copy thereof, within 6 months of the date appearing below, any information in your possession or control concerning me pertaining to being an illegal alien.

To all hospitals and mental institutions wither within or outside the State of Maine:

 I hereby authorize and direct you to release to the Commissioner of Public Safety or his/her designee bearing this release, or a copy thereof, within 6 months of the date appearing below any information, if contained within your records, pertaining to being adjudged to be mentally defective or committed to a mental institution within the past 5 years.

*(Check appropriate box below)*

I *wish* to review this material prior to its release: [ ]

I *do not wish* to review this material prior to its release: [ ]

To all above addressed governmental entities:

 I hereby authorize and direct you to release to the Commissioner of Public Safety or his/her designee bearing this release, or a copy thereof, within 6 months of the date appearing below any information to your possession or control concerning me pertaining to the following:

1. my full name;
2. my full current address and addresses for the prior 5 years;
3. the date and place of my birth any my physical description;
4. my signature

Should there be any questions as to the validity of this release, you may contact me at the address and/or telephone number listed below.

|  |  |
| --- | --- |
| Full Name (Last, First, Middle)(Please Print)      | Date of birth      |
| Complete Physical Address      | Telephone #      |
| City or Town      | State      | Zip Code      |
| Complete Mailing Address      |
| City or Town      | State      | Zip Code      |
|
| Signature of Applicant Date |
| Signature of Witness Date |

*All information obtained pursuant to this release is confidential by virtue of 32 M.R.S. § 9418 and may not be made available for public inspection or copying by the Commissioner or his/her designee unless the confidentiality is waived by this applicant by written notice to the Commissioner.*