

**STATE BUREAU OF INVESTIGATION  
Maine State Police  
Station #42, 36 Hospital Street  
Augusta, Me. 04333**

**The Washington Hancock Community Agency, as required by our liability insurance carrier, requests that the State Bureau of Investigation provide criminal history information on:**

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

**Social Security Number:**\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_

**AUTHORIZATION FOR RELEASE**

**I, \_\_\_\_\_, hereby authorize the State Bureau of Investigation, Maine State Police, to provide the Washington Hancock Community Agency with the requested information above.**

**Date:**\_\_\_\_\_

**Signature:**\_\_\_\_\_