

AUTHORIZATION TO RELEASE INFORMATION

I, _____, being an applicant seeking a therapeutic
(Applicant's printed name)
massage establishment or combined establishment/massage therapist license from the Town of
Gorham, do hereby direct you to release to the Gorham Police Department or its representative
any and all information you have, and copies of records with any reference to, my criminal record.
A copy of this authorization will be as effective as any original. This release will expire 60 days
after the date signed.

I hereby affirm that I have read the above directive and release in its entirety and fully
understand it.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S DATE OF BIRTH

SWORN AND SUBSCRIBED BEFORE ME on this _____ day of _____ 20__

NOTARY PUBLIC SIGNATURE