



Chesterton Fire Department  
Information Consent and Release

I, \_\_\_\_\_, agree to assist and cooperate with the Town of Chesterton Fire Department and its representatives in obtaining information relating to me, including but not limited to, educational, medical and driving records along with criminal background information, and by this Information Consent and Release authorize and request all persons to whom this request is presented, having information related to or concerning the undersigned, to furnish the Town of Chesterton Fire Department with the same.

I am aware that information may be of a personal nature and otherwise protected, constitutionally or statutorily. I understand that such released information shall be treated in a strictly confidential manner and accordingly, expressly waive all privileges which may attach such disclosure and shall hold no individual or organization liable for disclosing any of the above information to the Town of Chesterton Fire Department.

Dates this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Witnessed by \_\_\_\_\_

Position / Relation / Title \_\_\_\_\_

Identity verification \_\_\_\_\_