



**TOWN  
OF  
AVON**



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60 West Main Street

Avon, CT 06001-3743

**WAIVER OF CONFIDENTIALITY**

I hereby waive the privilege of confidentiality to which I otherwise may be entitled, and authorize the release of those records about or concerning me that will assist the Town of Avon in determining my suitability for volunteering. Among those records, the release of which I authorize hereby, shall include any credit history, medical history or psychiatric history and mental health records; arrests, convictions, and fingerprint records; polygraph reports; and employment and/or personnel records. I agree hereby that copies of all such requested may be released to the Town of Avon for the purposes of my volunteer interests.

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Printed Legal Name of Volunteer

Date of Birth

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Current Address

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Social Security Number

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Signature of Volunteer

Date

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Witness

Date