































**TOWN OF OLD SAYBROOK  
DEPARTMENT OF POLICE SERVICES  
YOUTH SERVICES DIVISION**

6 Custom Drive • Old Saybrook Connecticut 06475

---

Michael A. Spera  
Chief of Police

**AUTHORIZATION  
TO  
OBTAIN/RELEASE JUVENILE RECORDS**

**I hereby authorize the Old Saybrook Department of Police Services to review my child’s documented police contacts and history for the purpose of providing the Old Saybrook Fire Department with an accurate assessment of my child’s application as they pursue membership with the Old Saybrook Fire Department Junior Division. I understand that this information may include arrest related incidents.**

**I further authorize the Old Saybrook Police Department’s School Resource Officer to obtain information from my child’s school records as part of this process. I understand this information may include confidential records including school history, school progress reports and attendance.**

**I understand this information will be used by the Old Saybrook Police Department to review my child’s application to the Old Saybrook Fire Department Junior Division. I also understand that these confidential materials will not be released to anyone else without my further consent or authorization. This authorization will expire in 90 days.**

\_\_\_\_\_  
Signature of Juvenile

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date