



**TOWN OF WILTON**  
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**Susan E. Baldwin**  
Town Clerk

**BACKGROUND INVESTIGATION RELEASE**

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**SIGNATURE**

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**DATE**

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**WITNESS TO SIGNATURE**

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**WITNESS SIGNATURE**

**I, \_\_\_\_\_,**  
(Print Name)

Hereby grant permission and release the Saratoga County Sheriff's Office from any liability which may accrue from a background search into my employment, personal or other records.