

[Execute in triplicate, before a Notary Public. If you do not have a Notary Public available, you may bring this to our Office and one will be provided without charge.]

AUTHORIZATION AND RELEASE

STATE OF NEW JERSEY }
 } SS:
COUNTY OF HUNTERDON}

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Town of Clinton Police Department, whether the said records or information are of a public, private or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the said Town of Clinton Police Department any such information, including documents, records and files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Clinton Police Department or any of it’s agents or representatives to inspect and make copies of such documents, records and other information.

I hereby request and authorize the Department of the _____ (Army, Navy, Air Force or other military department) to furnish to the Town of Clinton Police Department the record of each period of my service therein, and to furnish the character of service rendered for each period.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment by the Town of Clinton Police Department.

I hereby release, discharge and exonerate the Town of Clinton Police Department, its agents and representatives, and any person to furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records and other information or the investigation made by the Town of Clinton Police Department.

A photocopy of this authorization and release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the Authorization and Release.

Subscribed and sworn to
Before me this _____
Day of _____, 201__.

Notary Public of New Jersey
My Commission expires _____.
(Print or type name of Notary
under signature and affix.)

Signature of Applicant – Include Maiden Name

Address: _____

Date of Birth: _____
Social Security Number: _____
