BOROUGH OF WEST LONG BRANCH

FINGERPRINT WAIVER AND BACKGROUND CHECK AUTHORIZATION FORM

TO ALL COURTS, PROBATION DEPARTMENTS, PHYSICIANS, HOSPITALS, EMPLOYEES, EDUCATIONAL AND OTHER INSTITUTIONS AND AGENCIES:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am making application for a position in the Borough of West Long Branch. As a result, an investigation is being conducted to determine my eligibility. You, therefore, are authorized to release to the Chief of the West Long Branch Police Department, or his designated representative, any and all information, documentary or otherwise, pertaining to me, as they may request.

I hereby release and discharge the Borough of West Long Branch and its subordinate departments and employee from liability for furnishing any information submitted in response to this request and authorization. This includes any and all liability arising out of the furnishing, inspection, or collection of such documents, records and other information made by or behalf of the West Long Branch Police Department.

A photocopy of this authorization shall be considered as effective and valid as the original.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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(Witness)