

WEST AMWELL TOWNSHIP POLICE DEPARTMENT

150 ROCKTOWN - LAMBERTVILLE ROAD
LAMBERTVILLE, NEW JERSEY 08530

POLICE DISPATCH: (609) 397-1100
POLICE HEADQUARTERS/RECORDS: (609) 397-5875



EMERGENCY: DIAL 911
FAX NUMBER: (609) 397-8801

Release Authorization

I, _____, am making application for appointment to the West Amwell Township Police Department. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is 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/or other information pertaining to me, to furnish to the said Municipality, County Prosecutor's Office, and/or the Department of Law and Public Safety and such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutor's Office and/or the Department of Law and Public Safety or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, County Prosecutor's Office, and the Department of Law and Public Safety, their representatives, and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutor's Office, and/or the Department of Law and Public Safety.

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

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

Subscribed and sworn before me

on this ____ day of _____
_____. Notary Public of New Jersey.

Signature—include maiden name

My commission expires _____

Address: _____

Phone Number: _____

Date of Birth _____

Social Security # _____

Driver's License # _____

(Print or type name of Notary)

Signature and affix notarial seal.)