



AUXILIARY DEPUTY CHIEF RONALD PEDERSEN

CANDIDATE'S RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutes, Banks, Health Care Facilities, Health Care Providers, Financial and Other Such Institutions and all Governmental Agencies-federal, state, and local, without exception, both foreign and domestic.

I have authorized the Old Bridge Police Department to conduct a full investigation into my background activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an employee or agent of the Township of Old Bridge Police Department, provided that he or she certifies to you that I have an application pending before the Township of Old Bridge for employment.

This authorization shall supersede and countermand any prior request or authorization.

A photo static copy of this authorization will be considered as effective and valid as the original.

Signature of Candidate

Date

Print Name: Last, First, Middle

Social Security Number

Old Bridge Police Auxiliary Unit
Oldbridgepoliceaux@gmail.com