



AUTHORIZATION AND RELEASE FORM

I, _____ do hereby authorize a review and full disclosure of all records and information concerning myself to any duly
 First, middle and last name
 authorized agent or representative of the Berkeley Heights Police Department, whether the said records or information are of a public, private, or confidential nature, or include
 I hereby request and authorize the Department of the _____ to furnish to the Woodcliff Lake Police Department the record of each
 (Army, Navy, Air Force, etc.)
 period of my service therein, and to furnish the character or service rendered for each period. My serial number (social security number) was _____.
 (supply Form DD 2 14)

I understand that any information obtained by a confidential 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 in the Berkeley Heights Police Department.

I hereby release, discharge and exonerate the Berkeley Heights Police Department, its agents and representatives, and any person so 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 Berkeley Heights 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 the original writing of my signature.

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

AFFIDAVIT AND CERTIFICATION OF APPLICANT

I WILL ASSIST, IN ANY WAY THAT I AM ABLE, TO OBTAIN ANY AND ALL DOCUMENTS AND INFORMATION REQUESTED BY THE BERKELEY HEIGHTS POLICE DEPARTMENT.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AM AWARE THAT ANY MISREPRESENTATION OF INFORMATION SUPPLIED BY ME WILL RESULT IN MY DISQUALIFICATION FROM THE SELECTION PROCESS. FURTHER, I AUTHORIZE THE BERKELEY HEIGHTS POLICE DEPARTMENT OR ITS DESIGNATED AGENT TO VERIFY ANY AND ALL INFORMATION CONTAINED HEREIN AND TO REVIEW MY MEDICAL HISTORY AND INFORMATION FROM ANY SOURCE AS NOTED IN THE DULY EXECUTED AUTHORIZATION RELEASE FORM.

I HAVE READ THIS CERTIFICATION, AND I UNDERSTAND AND AGREE TO THE CONDITIONS IMPOSED HEREIN.

 (Signature of Applicant)

 (Date)

 (Printed name of Applicant)

Sworn to and subscribed before me this

_____ day of _____

 Print Name and Title

 Signature of Notary Public (sign in ink)

My Commission Expires : _____