



RELEASE FORM

TO: All Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the New Jersey Transit Police Department. As a result, a confidential background investigation is being conducted to determine eligibility.

Therefore, you are authorized to release to any duly authorized agent of the New Jersey Transit Police Department any and all information, documentary or otherwise, pertaining to me that they request. I hereby release, discharge, and exonerate the _____XXXLEAVE BLANKXXXXX_____, its agents and representatives, and any person so furnishing information from any liability of every nature and kind arising out of the furnishings, inspection, and/or collection of such documents, records and other information to the investigator of the New Jersey Transit Police Department.

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

Witness

Signature of Applicant

Date

Print or Type Name

Address

City State Zip

Notary Seal

Social Security Number

Date of Birth