

Florham Park Police Department

111 Ridgedale Avenue ♦ Florham Park, NJ 07932

Authorization & Release Form

STATE OF NEW JERSEY
COUNTY OF MORRIS

AUTHORIZATION & RELEASE OF INFORMATION

I, _____, hereby voluntarily request and authorize you to furnish to the Borough of Florham Park, Morris County, New Jersey, USA, ("Borough") and its Police Department any and all data, documents, test results, records, studies, materials and other information, in your possession, or to which you have access, concerning my personal history, physical health, psychological health, employment history, abilities, disabilities, schooling, fitness for employment, and any and all other information deemed necessary by the Borough, for the purpose of determining my fitness to be hired by the Borough as an employee and/or officer.

I, hereby, further agree that the authorization contained herein shall continue for the entire period of my application for employment and as an office holder in the Borough. I also understand and agree that by executing this authorization, I am voluntarily waiving any and all legal rights and privileges I may have under applicable law in the confidentiality of the records, data, test results, studies, information and materials which I am releasing to the Borough, for the purpose(s) set forth in the preceding paragraph. I explicitly understand the information in my health record may include information related to sexually transmitted diseases, acquired immunodeficiency virus (AIDS) and HIV. It may also include information about behavioral or mental health services, and treatment for substance abuse or chemical dependency. In addition, I understand and agree that the Borough may share the records, data, test results, studies, information and materials which, I am authorizing to be transmitted to the Borough, with the Borough's staff and professionals, the NJ Dept. of Personnel, to the extent the Borough considers same necessary for the purpose(s) stated in the first paragraph of this authorization. In addition information, materials, and documents may be released to any other law enforcement agency on my behalf as requested.

I understand that I may revoke this authorization at any time and that I must do so in writing and present my written revocation to the Borough's Administrator or, if I am an applicant, employee, officer, or official in the police department, to the Chief of Police. Likewise, I understand, and agree, that in the event that I revoke this authorization, that revocation will constitute "just cause" to deny my application for employment or to terminate my office, position and employment with the Borough.

By signing this authorization, I FOREVER RELEASE AND HOLD HARMLESS The Borough, its officials, employees, professionals and any entity or person acting for or in concert with the Borough, from all liability and damages which may result from the disclosure or release of any and all information, records, data, tests results, documents, records, studies and other information pursuant to this authorization and release.

A photocopy of this authorization and release form will be valid as an original thereof, even though the said photocopy does not contain original writing of my signature.

I have read and fully understand the contents of this "AUTHORIZATION AND RELAEASE"

Any information obtained by the Borough pursuant to this Authorization and Release will be held by the Borough in the strictest confidence.

Subscribed and sworn to before me

This _____ Day of _____ AD 20 _____

Print Name

NOTARY PUBLIC OF NEW JERSEY

Signature

My Commission Expires _____

Address

Phone Number

Date of Birth

Social Security #