



TOWNSHIP OF EWING
POLICE DEPARTMENT
 2 JAKE GARZIO DRIVE
 EWING, NJ 08628



ALBERT F. RHODES
 CHIEF OF POLICE

Telephone: (609) 882-1313
 Fax: (609) 882-5613

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____, am an applicant for the position of _____ with the Ewing Police Department and I do hereby authorize the release **of any and all** information to the Ewing Police Department that they may request, from whomever they may deem it necessary to make such a request, from any of my records or files. Such information will include, but will not be limited to: military records, police records, court records, police reports (including juvenile records), polygraph examination reports, credit reports, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all persons from any liability, which could result from furnishing said information to the Ewing Police Department.

Further, I authorize the Ewing Police Department to copy or otherwise reproduce this original document, and to let such copied for otherwise reproduced copy act as the original instrument. The original document will be retained on file with the Ewing Police Department.

I further understand and agree that in the event my application is disapproved; the sources of confidential information cannot be revealed to me.

Applicant's Signature: _____ Date Signed: _____

Applicant's Address: _____
 Street

_____ City State Zip Code

Applicant's Phone: (____) _____ - _____ Date of Birth: _____

Applicant's Social Security Number: _____ - _____ - _____

Sworn before me this _____ day of _____ 20_____.

Notary Public of New Jersey

(Seal)

My Commission Expires: _____

Print or Type Name of Notary Under Signature:

 Signature