

Release Authorization

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Health Care Facilities, Health Care Providers, Financial and other such Institutions, and all Government Agencies, Federal, State and Local, without exception, both foreign and domestic.

I have authorized the Lawrence Township 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 Lawrence Township Police Department, provided that he or she certifies to you that I have an application pending before Lawrence Township for employment.

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

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

Date: _____ Signature: _____
(Sign in Ink)

(Print Name)

State of New Jersey

County of Mercer

Sworn and subscribed to me this

_____ day of _____, _____

(Print Name and Title)

Signature (Sign in Ink)

Notary Public, my Commission

Expires: _____