

OCEAN TOWNSHIP POLICE DEPARTMENT

50 RAILROAD AVENUE, WARETOWN, N.J. 08758

Kenneth B. Flatt
Chief of Police

609-693-4007
fax 609-693-8392

RELEASE AUTHORIZATION

To all courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies, without exception.

I, _____, am making application for an appointment to the Ocean Township Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Ocean Township Police Department or its representative any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge and exonerate the Ocean Township 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 and/or collection of such documents, records and other information or the investigation made by the Ocean Township Police Department.

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

Date: _____

Signature: _____

Witness: _____