

## BOROUGH OF OCEANPORT DEPARTMENT OF POLICE

Application for employment

## **RELEASE AUTHORIZATION**

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

| I,   | (Applicant's Name), am making application for appointment to the      |
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| Borough of Oceanport Police Department of Monn   | nouth County, New Jersey. As a result, an investigation is being      |
| conducted to determine my eligibility. Therefore,  | you are authorized to release to the Borough of Oceanport Police      |
| Department or its representative any and all inform request.   | nation, documentary or otherwise, pertaining to me that they may      |
| I hereby release, discharge and exonerate the Boroug   | gh of Oceanport Police Department, its agents or representatives, and |
| any person so furnishing information, from any an  | nd all liability of every nature and kind arising out of furnishing,  |
| inspection or collection of such documents, records,   | and other information or the investigation made by the Borough of     |
| Oceanport Police Department.   |   |
| A copy of this authorization will be considered as effective and a second secon | ective and valid as the original.                                     |
| Below to be co   | ompleted in presence of Notary  |
| Applicant Signature:   |   |
| Witness Signature:   |   |
| Sworn to before me this Day of   | 20  |
| Notary Public or Commissioner of Deeds   | (Seal)  |
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