

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
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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