



City of Long Branch Police Department

Records Release Authorization Form

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

I, _____, am making application for appointment to the Long Branch Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Long Branch Police Department or its representatives any and all information, documents or other records pertaining to me that they may request.

I do hereby release, discharge and exonerate the Long Branch Police Department, its agents and representatives, any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Long Branch Police Department.

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

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]



City of Long Branch Police Department

Criminal History Release Authorization

I, _____, hereby authorize that my fingerprints and name be checked by your department and the New Jersey State Police. I further authorize that a copy of my fingerprint record, if any, be forwarded to the Long Branch Police Department.

I hereby release and forgo any and all rights, remedies and or causes of action which I may have against the New Jersey State Police, the New Jersey Department of Law and Public Safety, their respective agents, officers and representatives, the City of Long Branch, the Long Branch Police Department and their respective agents, officers and representatives which may result from the searches and checks performed by any of these law enforcement agencies.

APPLICANT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Signed and Sealed before me on this _____ day of _____ 20 _____

[Notary Public]