



Blaze Catania
Chief of Police

DEPARTMENT OF POLICE EGG HARBOR TOWNSHIP

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RELEASE AUTHORIZATION

I hereby authorize the Egg Harbor Township Police Department to release any and all information pertaining to myself, which will be utilized for applications

NAME: _____

NEE NAME: _____

FORMER NAMES: _____

A.K.A.: _____

EGG HARBOR TOWNSHIP RESIDENT: YES: (# of years) _____ NO: _____

HOME ADDRESS: _____

FORMER RESIDENT OF EHT: FROM: _____ TO: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PLACE OF BIRTH: _____

Signature

Date

Witness

Date

Identification: _____

Foreign Country: _____

Notary Required: Yes: _____ No: _____