



Michael J. Morris
Chief of Police

DEPARTMENT OF POLICE EGG HARBOR TOWNSHIP

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RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, PREVIOUS EMPLOYERS, SCHOOLS, COLLEGES, SELECTIVE SERVICE BOARDS, PHYSICIANS, HOSPITALS AND OTHER INSTITUTIONS AND AGENCIES WITHOUT EXCEPTION:

I, _____, am making application for
PRINT NAME

employment with the TOWNSHIP OF EGG HARBOR. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the EGG HARBOR TOWNSHIP POLICE DEPARTMENT or its representative any and all information, documentary or otherwise, pertaining to me that they may request.

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

SIGNATURE

WITNESS

DATE