State of New Jersey

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Lt. Governor

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Superintendent

NEW JERSEY STATE POLICE
RELEASE AUTHORIZATION

TO WHOM IT MAY CONCERN:

CASE:_____
(Official use only)

I, _____, am making application
<p align="center">Print Name Legibly</p>

for appointment to the New Jersey State Police FLEET and/or Explorer Youth Program. As a result, an investigation is being conducted to determine my eligibility.

Therefore, I do hereby authorize a review and full disclosure of all records, including my credit report, Internal Revenue Service records, or any part thereof, to any duly authorized agent of the New Jersey State Police, whether the records are public or private, and including those records which may be deemed to be of a privileged or confidential nature. The intent of this authorization is to provide information which will be utilized for investigative resource material.

I also acknowledge and give permission for the New Jersey State Police to conduct a background investigation, and further acknowledge that I will not be informed of any information developed through this investigation, whether I am accepted or rejected for this position.

I hereby release the State of New Jersey, the Division of State Police, and its agents, servants, and employees from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

DATE: _____   APPLICANT SIGNATURE: _____
(Month, Day, Year)

PARENT/GUARDIAN
SIGNATURE:_____
(Required if applicant is under the age of 18)

DATE OF BIRTH: _____   S.S. #: _____ - _____ - _____
(Month, Day, Year)