Township of Maplewood
POLICE DEPARTMENT
1618 SPRINGFIELD AVENUE
Maplewood, New Jersey 07040-2414
Telephone: 973-762-3400
Fax: 973-761-7850

Niheema Malloy
CHIEF OF POLICE

AUTHORIZATION FOR RELEASE OF RECORDS

Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Applicant Signature: _____

Date: _____/_____/_____

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Maplewood Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Maplewood Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer.

I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Maplewood Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Maplewood Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal or confidential information, as it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had in an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, your organization and all others from liability or

damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of the organization including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Maplewood Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Maplewood Police Department's acceptance and processing of my application for employment, I agree to hold the Maplewood Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employee me with the Maplewood Police Department.

I understand if such information of a serious criminal nature may surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Maplewood Police Department in conjunction with the employment process.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of 180 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of complying with this request.

STATE OF NEW JERSEY

COUNTY

OF _____

I _____ being duly sworn depose and say I am the above-named person.

Applicants Signature: _____

Date: _____

Sworn before me this _____day of _____ 20____

_____Notary Signature