

Borough of Kenilworth Department of Police



567 Boulevard
Kenilworth, NJ 07033
Tel. 908-276-1700
Fax: 908-276-1822

Fred Soos, Jr.
Chief of Police

AUTHORIZATION OF RELEASE OF INFORMATION AND RECORDS

I, _____, Social Security No. _____,
Date of Birth _____, am making an application to the Borough
of Kenilworth Police Department for a background check for the purpose
of obtaining a _____. Therefore, you are
hereby authorized to release, without liability onto you, or your company,
agency, bureau or institution, any information, records, documents, reports,
evaluations, examinations, or any and all other information pertaining to me
that they may request.

A photocopy of this authorization will be deemed as effective as the original.

DATE: _____ SIGNATURE: _____

WITNESS: _____