

JOHN DiPASQUALE
CHIEF OF POLICE



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DEPARTMENT OF
POLICE
BERKELEY HEIGHTS
UNION COUNTY, NEW JERSEY

**AUTHORIZATION FOR RELEASE OF
INFORMATION AND RECORDS**

I, _____, Social Security No. _____,
Date of Birth _____, am making an application to the
Berkeley Heights 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: _____