



**BOROUGH OF BELMAR, NEW JERSEY
OFFICE OF THE CHIEF OF POLICE**

601 Main Street, P.O. BOX A
Belmar, NJ 07719



**Tina M. Scott
CHIEF OF POLICE**

Tel: (732) 681-1700
Fax: (732) 681-7470

AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS AND INFORMATION CONSENT FORM

I, _____ hereby authorize the Belmar Police Department to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in New Jersey, any other state or any other country. I also authorize any police officer or authorized representative of the Belmar Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of a public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed. Information and/or records pertaining to my military history past and/or present, and name changes wherever filled are to be included.

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Belmar Police Department. Consent is granting for the Belmar Police Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in the authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate that location of above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I have read and fully understand the contents of this Authorization and Release. _____(Initials)

PRINT FULL NAME:

(INCLUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME)

ADDRESS:

DATE OF BIRTH: ____/____/____ RACE: ____ SEX: ____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____