



Jackson Township First Aid Squad

PO Box 516
Jackson, NJ 08527
(732) 928-0278

Authorization for Release of Information

Applicant Name: _____

Date of Birth: _____ **Social Security No.:** _____

I, _____, do hereby authorize the Veterans Administration, United States Army, Navy, Air Force, Marines, Coast Guard, Military Reserves, all Law Enforcement agencies, Courts, Municipal, City, State, and Federal tax bureaus, Welfare and unemployment Services, Credit Bureaus, Schools, Universities, Physicians, Psychologists, Hospitals, Institutions, Fraternal Organizations and News Media to furnish the Jackson Township Police Department with any and all available records or information pertaining to me for review; to include copies of records or files regarding my prior military service, juvenile or adult arrest(s) or probation records, sex offender registration records, court records, school transcripts, work records, personnel file(s) and credit history.

In addition, I grant permission to copy any material contained therein. Said documents are to be used for determining suitability for a position of trust and responsibility, and possible appointment as a member of the Jackson Township First Aid Squad.

I authorize the Jackson Township Police Department, and the Jackson Township First Aid Squad to make inquiry of my present and past employers, landlord(s), neighbors, and family members, regarding my character, integrity, and reputation. I further authorize the release of copies of all past and present employment records. I hereby release the Township of Jackson, the Jackson Township Police Department, the Jackson Township First Aid Squad, all agents, employees and representatives of each, and others, from liability or damage, which may result from furnishing the requested information.

I acknowledge that I am responsible to compel the production of any records, documents or information from any source required by the Jackson Township Police Department or the Jackson First Aid Squad. Failure or refusal on any party to provide any information which may be required to determine my suitability for membership will result in my disqualification for eligibility.

I hereby authorize the Jackson Township Police Department to release any and all records, documents, and information, including any and all criminal, juvenile, delinquency, sex offender registration, medical, psychological and psychiatric records to the Township of Jackson and to the Jackson Township First Aid Squad and all necessary agents, employees and representatives of each, for the purposes of determining my suitability for membership.

Note: A photo static or facsimile copy of this authorization shall be considered as effective and valid as the original. The original form is maintained at the Jackson Township First Aid Squad and will be made available upon demand.

Applicant Signature: _____ **Date:** _____

Jackson Twp First Aid Representative Rank/Name: _____

Jackson Twp First Aid Rep. Signature: _____ **Date:** _____