

Mount Olive Township Police

P.O. Box 450
Budd Lake, NJ 07828

Request for Release of Personal Information

(Background Check)

Privacy Waiver

Name: _____ Maiden Name: _____
(Please Print) (Please Print)

Address: _____
(Street) (Town) (State) (Zip Code)

Date of Birth: _____ Social Security Number: _____
(Month, Day, Year)

Alias(s), Nick Names: _____
(Please Print)

I, (person listed above) respectfully request and hereby authorize the Mount Olive Township Police Department and any of its representatives to conduct a Records (Background) Check and Search for any or all information pertaining to Adult and/or Juvenile Complaint(s), Arrest(s), Investigation(s), and /or Police Related Incident(s) listed in your files for the above listed person.

I, the undersigned, do hereby further agree to release the Mount Olive Township Police Department and any of its representatives from any and all liability or damage(s) which may occur or result from the dissemination of the information requested above.

NOTICE: A photocopy of this waiver shall be construed valid and same as original.

Signature: _____ Date Issued: _____

NOTICE: Requestor **MUST** provide valid identification as to identity of same.

Administrative Use Only

Drivers License: Number: _____ State: _____

Social Security Card: _____

Passport: _____

Other: _____
(Specify)

Note: If information exists in report or records for person(s) other than authorized above, information release may be denied or redacted without Release Authorization of other parties so listed.