



MOUNT OLIVE POLICE DEPARTMENT

204 Flanders Drakestown Road, Budd Lake, New Jersey 07828
973-691-0850

INTERN RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, PHYSICIANS, HOSPITALS, EMPLOYERS, EDUCATIONAL AND OTHER INSTITUTIONS, AGENCIES AND INDIVIDUALS WITHOUT EXCEPTION;

I, _____, am making application for the position of **intern** within the Mount Olive Township Police Department. As a result, an investigation is being conducted to determine my eligibility for employment. Therefore, you are authorized to release to the Mount Olive Township Police Department or its representatives, any and all information pertaining to me, documentary otherwise.

I do hereby release, discharge and exonerate the Mount Olive Township representatives, and any and all agencies and persons so furnishing information to the Mount Olive Township Police, from any and all liability of every nature and kind arising out of the furnishing, inspection and/or collection of such documents, records, and other information pertaining to the investigation.

A copy of this authorization whether photographed, scanned, copied, etc., shall be considered as valid and effective as the original document, which shall be retained by the Mount Olive Township Police Department.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Applicants signature must be witnessed by another person at time of signing)