



HEADQUARTERS  
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Jonathan Potter  
Police Chief

Brendan McIntyre  
Police Director

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to \_\_\_\_\_ a duly authorized agent of the Ship Bottom Police Department, whether the said records are of public or private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, financial or credit institutions, including records of deposits, withdraws and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and salary records; real and personal property records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records' records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case in which I presently have, or have had an interest. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ship Bottom Police Department to consider in determining my suit ability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically herein.

I understand that any information obtained by personal history background investigations which is developed directly, or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Ship Bottom Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_