RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Education and other Institutions and Agencies without exception:

I, _____, authorize you to release any and all information, documentary or otherwise, concerning me to a representative of the Borough of Hasbrouck heights for the purpose of assisting the Borough of Hasbrouck Heights in determining my qualifications for employment. I further authorize your representative to answer fully and honestly any questions posed orally or in writing concerning me by any representative of the Borough of Hasbrouck Heights.

In exchange for your full and honest disclosure of information, I hereby release any and all claims I may have against you or your agents for any information they provide to the Borough of Hasbrouck Heights in response to its inquiries.

A photocopy of this form shall have the same effect as the original.

_____ _____

(Signature of Candidate) Date