

**TOWNSHIP OF NORTH BRUNSWICK POLICE DEPARTMENT**  
**710 HERMANN ROAD**  
**NORTH BRUNSWICK, NJ 08902**  
**732-247-0922 ext. 400**

**Authorization to Obtain Records**

***This information is to be released to the North Brunswick Police Department***

The purpose for such disclosure is to obtain appropriate background information for the township of North Brunswick.

I, \_\_\_\_\_, hereby authorize to search and furnish any criminal history to the North Brunswick Police and the Municipal Clerk. I also, consent to any release of criminal record information to the Township Council of North Brunswick for final consideration.

**Applicant Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_  
**Driver's License #** \_\_\_\_\_  
**DL State & expiration** \_\_\_\_\_

**Hair Color** \_\_\_\_\_ **Height** \_\_\_\_\_  
**Eye Color** \_\_\_\_\_ **Weight (lbs)** \_\_\_\_\_

**US Citizen**      ☐ YES    ☐ NO

**Place of Birth** \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature if under 18

\_\_\_\_\_  
Date