



**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the SOMERSET POLICE DEPARTMENT,  
*Employing Agency*

or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

**Exceptions to this blanket authorization**

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. \_\_\_\_\_
3. \_\_\_\_\_

This release is executed to authorize SOMERSET POLICE DEPARTMENT,  
*Employing Agency*

as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

\_\_\_\_\_  
*Date mm/dd/yy*

\_\_\_\_\_  
*Signature - Full Name*

\_\_\_\_\_  
*Address - Street and Number and/or P.O. Box*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Home Telephone Number (Include Area Code) Date of Birth (mm/dd/yy)*

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