



BOROUGH OF MATAWAN
MONMOUTH COUNTY, NEW JERSEY

201 Broad Street
Matawan New Jersey 07747
(732) 566 – 3898 ext 602
Fax (732) 290 – 7585

Release Authorization

To all Courts, Probations Departments, Selective Service Board, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies Without exception.

I, _____, am making application for employment with the Borough of Matawan. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Borough of Matawan or its representatives any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge, and exonerate the Borough of Matawan, its agents and representatives, and any person so furnishes information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Borough of Matawan.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature _____ Date _____

Printed Name _____

Address _____

City _____

State _____ Zip code _____

Social Security Number _____