THE PORT AUTHORITY OF NY & NJ

**The Port Authority of NY& NJ**
**Police Division**
**Applicant Investigation Unit**

# AFFIRMATION AND AUTHORIZATION TO RELEASE

I, _____ hereby authorize the Port Authority Police Department, or any person acting on their behalf, to freely, fully and thoroughly investigate and receive information about me related to the verification of my qualifications and eligibility for the position of Police Officer. Further, I authorize any person who receives this request to fully, freely and thoroughly disclose information related to this application and to fully, freely and thoroughly release any and all information about me to which such person might have access or custodianship.

I expressly authorize any current or past employers to permit the Port Authority Police Department access to my employment files, including files reflecting upon my performance, attendance, recognition awards, complaint files, discipline records and any other records maintained by said employer in this regard. Further, I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

**NOTE:** A photo static copy of this authorization shall be considered as effective and valid as the original.

_____ _____
Signature of Applicant Date Print Name Date

_____ _____
Investigator's Signature Date Investigator - Print Name