

The Port Authority of New York and New Jersey  
Police Department  
Criminal Investigative Bureau  
Applicant Investigation Unit  
241 Erie Street – Room 311  
Jersey City, NJ 07310



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize the Veterans Administration, United States Army, Air Force, Marine Corps, Navy, Coast Guard, military reserves and guard units of the United States of America and of her states, districts and territories; all local, state, federal and international governments and law enforcement agencies; departments of motor vehicles, city, state and federal tax bureaus; welfare and social service agencies, boards or commissions; unemployment bureaus, credit bureaus, banking and insurance companies, schools, universities, physicians, hospitals and institutions to furnish THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY Police Department, or its authorized representatives, with any and all available information and copies of my records in order that they may determine my suitability for possible appointment as a police officer with the PORT AUTHORITY Police Department. This information includes but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, criminal history, traffic history and banking, insurance and credit records.

In addition to requesting the aforementioned records and information, I authorize the PORT AUTHORITY Police Department to make inquiries of my past and present employers regarding character, integrity and reputation.

I hereby RELEASE the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages that may result from compliance or attempted compliance with this authorization. I also agree that a facsimile, photocopy or electronic reproduction of this authorization shall be considered and accepted with the same authority as the original.

\_\_\_\_\_  
Printed Name of Applicant                      Date                      Signature of Applicant

Address of Applicant: \_\_\_\_\_

Social Security Number of Applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth of Applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Investigator                      Date                      Signature of Investigator