LYNDHURST POLICE DEPARTMENT

367 VALLEY BROOK AVENUE
LYNDHURST, NJ 07071
www.lyndhurstnjpolice.gov

Michael Carrino
Chief of Police

Headquarters
(201) 939-2900

AUTHORIZATION FOR RELEASE OF POLICE RECORDS INFORMATION

Applicant Name: _____
(Last) (First) (Middle)

Address: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

This release, when presented by a duly authorized representative of the Lyndhurst Police Department constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data/records/reports to the Lyndhurst Police Department: Police and Criminal; Motor vehicle (to include arrests for driving while intoxication or possession of controlled dangerous substances); and any/all reports that document a possible mental health history. This authorization is given in connection with a background investigation being conducted relative to my application for a firearms license and/or pistol purchase permit in the State of New Jersey. The intent of this authorization is to provide full and free access to the background for the purpose of the background investigation.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for the firearms background check. I understand that all materials pertaining to this background investigation become the property of the Lyndhurst Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

_____
Signature of Applicant Date

Subscribed and sworn to before me on
This _____ day of _____, _____.
Notary Public: _____
SEAL

Rev. 04/26