



EVESHAM POLICE DEPARTMENT SOLICITOR'S RELEASE AUTHORIZATION

APPLICANT INFORMATION

Full name:					
Address:					
Previous address: (If at current address less than 10 years)					
Employer:			Employer's address:		
SSN:			D.L. #:		State:
Sex:	Race:	Eye color:	Hair:	Height:	Weight:
Date of Birth:		City/State of birth:			

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, BANKS, FINANCIAL AND OTHER INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES; FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

I, _____, have applied for licensing in Evesham Township and have authorized the Evesham Police Department to conduct a full investigation into my background and activities including any arrests and/or criminal convictions.

Therefore, I hereby authorized you to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Evesham Police Department.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____

Date: _____

Subscribed and sworn to before me on this

_____ day of _____, _____

Notary Public

Notary
Seal

State of: _____

My Commission expires: _____

FAILURE TO COMPLETE ALL INFORMATION WILL DELAY ISSUANCE OF YOUR PERMIT