



DELAWARE TOWNSHIP POLICE DEPARTMENT

P.O. BOX 101
SERGEANTSVILLE, NEW JERSEY 08557
609-397-8189
609-397-8699 FAX

BRUCE W. MAST
CHIEF OF POLICE

CONSENT FORM

The undersigned hereby authorizes the Delaware Township Police Department or any of their representatives, agents, or employees to obtain information concerning my personal background, including any criminal record I may have, whether by utilizing the resources of the federal state, county, or municipal governments, including, but not limited to the N.C.I.C. and S.C.I.C. computer networks, or any other sources of investigation.

I am aware that in the course of any investigation, contacts may be made with friends, family, or others whom I have known over the years, without the full explanation of the reason for the investigation being made known to them. But notwithstanding the awareness, I still give my consent to such investigation, and I do so voluntarily and freely.

If you lived **outside** the State Of New Jersey for any period of time, list the complete addresses, including military or government service:

1. House # _____ Street _____ Apt. # _____

Town _____ County _____

State _____ Country _____ Zip Code _____

2. House # _____ Street _____ Apt. # _____

Town _____ County _____

State _____ Country _____ Zip Code _____

3. Military Service # (if different than social security number) _____

USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED FOR ADDRESSES

DATE

SIGNATURE