

NEW JERSEY OFFICE OF EMERGENCY MANAGEMENT
Volunteer Intern Program
— Authorization for Release of Personal Information —

The undersigned authorizes a review of and full disclosure of all records concerning myself to any agent of the State of New Jersey, NJSP/NJOEM, or any individual or entity assigned by the New Jersey State Police, whether the records are of a public, private, criminal, internal or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, records of educational institutions, including academic records. I specifically waive my right to written notice of release of information relating to prior disciplinary actions.

I also waive my right to inspect and copy any records provided in response to this authorization. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, as a result of this authorization will be considered in determining my suitability for an internship with the State of New Jersey.

Additionally, I understand the duty of the New Jersey State Police to release any information of a serious criminal nature uncovered by this investigation to the proper authorities and make other reports as may be mandated by law.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the New Jersey OEM, the New Jersey State Police, its agents and designates under this release, from any and all liability which may be incurred as a result of furnishing such information.

Print Name: _____

Signature: _____

Date: _____