

**MANSFIELD TOWNSHIP
AUTHORIZATION AND RELEASE FORM**

I, _____, do hereby authorize a review and full disclosure of all information concerning myself to any duly authorized representative of Mansfield Township, Burlington County, whether the said records are public, private, or confidential in nature.

I also authorize and request every person, firm, company and corporation, government agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to Mansfield Township, Burlington County any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Mansfield Township, Burlington County or any of its representatives to inspect and make copies of such documents, records, and other information.

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 Authorization and Release will be considered in determining my suitability for employment with Mansfield Township, Burlington County.

A photocopy of this Authorization and Release Form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization and Release Form.

Signature of the applicant in Ink

Date