SOUTH BRUNSWICK TOWNSHIP
Police Department

Raymond J. Haydukca, Chief
James E. Ryan, Deputy Chief

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APPLICATION FOR POLICE RECORDS CHECK

*** This is NOT a Criminal History Check ****

LETTER IS REQUIRED FOR:

☐Immigration ☐Employment ☐Visa ☐Adoption ☐ _____
Other Reason

The undersigned grants his/her permission to the South Brunswick Township Police Department to make a check of their records in order to furnish a record of any convictions recorded with their Department. By granting aforesaid permission, I hereby release South Brunswick Township Police Department, the Township of South Brunswick: it's agents or designees from any and all claims of liability that may result from release of requested information.

Name: _____
First Middle Last

Also Known As: _____
Maiden Name, Former Married Name, etc.

Current Township Address: _____

_____

You Have Lived At This Address Since: _____ to _____
Month / Year Month / Year

Previous South Brunswick Addresses: (provide every residence – use additional paper if necessary)

_____

_____

_____

You Have Lived At above Addresses Since: _____ to _____
Month / Year Month / Year

Date of Birth: _____ ☐ **Male** ☐ **Female**

Social Security Number: _____ **Passport Number:** _____

Driver's License Number: _____

_____ _____
Signature of Applicant **Date**

Identity Verification: In order to maintain integrity and respect privacy, the Applicant must appear in person, or submit an original notarized application confirming identity. We cannot accept a photocopy or facsimile notarized application. Notarized application nust contain the *RAISED* seal of the Notary.

_____ _____
Signature of Person Making Affidavit **Date**