



LOWER TOWNSHIP POLICE DEPARTMENT REQUEST FOR LOCAL RECORDS CHECK

Last Name First Name Middle Name

Street Address City, State, Zip

Date of Birth Sex Race Eye Color Social Security Number

I hereby authorize the release of my Criminal History Record maintained by the Lower Township Police Department.

Date Signature of Applicant

I hereby certify that I am an authorized agent of the below listed agency. I have presented a notarized Release Authorization Form, which is attached to this request.

Agency Name Signature of Agent

Name of Agent Date

Date of Notary

Notary Public

The Applicant: _____ Has a Local Arrest Record
_____ Has No Local Arrest Record

Signature of Authorized Person