

**OCEAN COUNTY SHERIFF'S OFFICE
ADMINISTRATION DIVISION**

MICHAEL G. MASTRONARDY
SHERIFF

BRIAN KLIMAKOWSKI
UNDERSHERIFF

NILS R. BERGQUIST, JR.
UNDERSHERIFF



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ADMINISTRATION DIVISION* ROBERT J MILLER AIRPARK P.O. BOX 2191 * TOMS RIVER, NJ 08754

To whom it may concern,

You are hereby authorized and requested to furnish the Ocean County Sheriff's Office any and all information regarding my personal history, including but not limited to, any criminal records or history, any driving records or history, and employment records or history, any medical records (to include psychological reports), any juvenile records or history, any armed services records, any school records, and/or any financial records, which may be available to you.

I understand that a computerized credit history will be obtained through the Ocean County Prosecutor's Office. This credit history is for law enforcement purposes only, I will not be furnished with this credit history information. I also understand that the Ocean County Prosecutor's Office will appear on my credit header.

I further state that your reliance upon this certification relieves you of any possibility of liability to me for disclosing these records.

A photocopy of this Authorization may serve as well as the original.

SIGNATURE

PRINT NAME

DATE

**SIGNATURE OF RECEIPT
OCSO PERSONNEL ONLY**



SPECIAL ASSISTANCE/ACCOMODATIONS available, please call (732) 349-2010 (V/TTD)