



LITTLE FALLS POLICE

Chief Steven M. Post

225 Main Street
Little Falls, NJ 07424
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Firearms Licensing Unit

AUTHORIZATION WAIVER TO RELEASE PERSONAL INFORMATION

To whom it may concern,

This is to certify that I _____ have applied for a Firearms Purchase License, Handgun Purchase Permit and / or a Firearms Carry Permit from the Little Falls Police Department.

By use of this form, I hereby authorize the release of any and all information to the Little Falls Police Department that they may request. This release is directed to whomever they may deem it necessary to make such a request. Such information will include but not be limited to: police records, records of arrest, court records, motor vehicle records, military records, medical or psychological records, employment records, background investigative materials or reports and records considered confidential in nature that could influence the issuing of a Firearms License to me.

By my endorsement on this form, I release all persons from any liability that could result from furnishing the requested information to the Little Falls Police Department.

Further, I authorize the Little Falls Police Department to photograph or otherwise reproduce this original document and to let such photocopy or otherwise reproduced copy to act as an original instrument. The original of this document is to be retained in the files of the Little Falls Police Department.

Signature: _____ Date: _____

Address: _____

Date of Birth: _____ Social Security: _____

Witness: _____ Date: _____