



(PLEASE TYPE OR PRINT IN INK)

New Jersey State Police
Port Security Section
24 Commerce St. Suite 701
Newark, NJ 07102

AUTHORIZATION TO RELEASE INFORMATION

To the United States Department of Homeland Security (OHS) and the United States Citizenship and Immigration Services (CIS):

I, _____, have authorized the New Jersey State Police Port Security Section, to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the New Jersey State Police Port Security Section, provided that I have an application pending before the New Jersey State Police Port Security Section or that I am presently a permittee, licensee or registrant or other person required to be qualified under the provisions of the Waterfront Commission Act. A photostatic copy of this Authorization will be considered as effective and valid.

NAME: _____

(SIGNATURE)

SS #: _____

Address: _____

NOTARIZATION

Subscribed and sworn to before me

this _____ day of _____ 20 ____.

Signature of Notary or Other Officer Administering Oath