

SEXUAL ASSAULT RESPONSE TEAM

RELEASE AUTHORIZATION

To: All Courts, Probation Departments, Selective Service Boards, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the **Rutgers University Sexual Assault Response Team**. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are **authorized to release** to the **Rutgers University Police Department** or its representative any and all information, documentary or otherwise pertaining to me that they may request.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature

Date

Date of Birth

Social Security Number