

CONSENT FOR JUVENILE RECORDS SEARCH

Name: _____

Address: _____

Date of Birth: _____

N.J.S.A. 2A:4-65 provides that juvenile records be safeguarded from public inspection. Those records are kept confidential and may be disclosed only to selected individuals and agencies in limited circumstances.

I, _____, am aware of my rights under N.J.S.A. 2A:4-65, and consent to a search and disclosure of my juvenile records to the Chief of Police of the _____ for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2A:151-33 or 2C:58-3.

(Signature)

(Witness)

Dated: _____