

Elizabethtown Police Department

Authorization for Release of Personal Information

To Whom It May Concern,

I am an applicant for a position with the Elizabethtown Police Department. In order to determine my suitability for employment, I understand that the Elizabethtown Police Department, Town of Elizabethtown, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I _____, DOB ____/____/____, Operator's License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, education institution, doctor or other healthcare professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Elizabethtown Police Department regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Elizabethtown Police Department from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Town of Elizabethtown. And I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Elizabethtown Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority, or conduct of law enforcement officers. This is to include, but is not limited to: NC Criminal Justice Education & Training Standards Commission, NC Sheriff's Education & Training Standards Commission, NC Attorney General's office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later. A copy of this document is considered valid, just as the original. I have read and fully understand the above statement.

Applicant Signature: _____

Printed Name: _____

STATE OF NORTH CAROLINA

Notary Seal

COUNTY OF _____

Subscribed and sworn before me,

This is the ____ day of _____, _____

Notary Signature _____

My Commission Expires: ____/____/____