Authorization for Release of Information

I am an applicant for a justice officer position with the Sampson County Sheriff's Office

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that the both the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB _____

Operators 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, educational institution, doctor or other health care 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 name hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. 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 certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission, 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 not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina 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 investigative 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 statements.

STATE OF NORTH CAROLINA
COUNTY OF_____
Subscribed and Sworn to before me, this the

_____ day of _____20,____

_____
(Notary Signature)

Expires: _____

_____
(Applicant Signature)

Printed Name: _____

Address_____

_____

Phone: _____