



The Town of Spring Lake

300 Ruth Street, P.O. Box 617 Spring Lake, North Carolina 28390-0617

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www.spring-lake.org

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CERTIFICATION/EMPLOYMENT PURPOSES

To Whom It May Concern:

I am an applicant for a position with the **Spring Lake Police Department**. In Order to determine my suitability for employment, I understand that the **Spring Lake Police Department, Town of Spring Lake of Cumberland County**, North Carolina 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 authorized agent of the **Spring Lake Police Department, Town of Spring Lake of Cumberland County**, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the **Spring Lake Police Department, Town of Spring Lake of Cumberland County**, North Carolina 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 Spring Lake of Cumberland County**, North Carolina. 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 rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the **Spring Lake 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 not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's 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 full understand the above statements.

Applicant/Officer Signature

Printed Name

Address

City, State, Zip

Phone Number

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me,
This is the ____ day of _____, _____.

Notary Public & Seal
My Commission Expires: _____