



Wrightsville Beach Police Department

Office of the Chief of Police

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 Wrightsville Beach Police Department. In order to determine my suitability for employment, I understand that the Wrightsville Beach Police Department 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 _____, Operator's License # _____ do hereby request and authorize any

- Bank
- Lending or financial
- Consumer Report Agency
- Retail Business Establishment
- Doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records.
- Credit Union
- Credit Bureau
- Educational institution
- Certification/licensing commission
- Insurance company
- Criminal and civil courts
- Military organization
- Former and Present employer

Any other individual agency to produce and provide copies of any and all information to the authorized agent of the Wrightsville Beach Police Department regarding me whether of privileged or confidential nature

Moreover, I hereby release the Wrightsville Beach 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 Wrightsville Beach Police. 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 Wrightsville Beach 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 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.

STATE OF NORTH _____
CAROLINA COUNTY OF _____
Subscribed and sworn to before me,
this is the _____ day of _____ 20 _____

Applicant Signature

Printed Name

Address

Phone Number

Notary Public & Seal
My Commission Expires _____