

# **JACKSONVILLE POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

**To Whom it May Concern:**

I am an applicant for a position with the Jacksonville Police Department. In order to determine my suitability for employment, I understand that the Jacksonville Police Department of Jacksonville, 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 is disclosed to the above agency.

Therefore, I, \_\_\_\_\_, Date of Birth, \_\_\_\_\_, Driver's License number \_\_\_\_\_, 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 Jacksonville Police Department of Jacksonville, North Carolina, regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Jacksonville Police Department of Jacksonville, 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 City of Jacksonville. 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 Jacksonville Police Department, it's agents and employees, to release copies of any and all information to any agency or entity regulating the certification, and 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 fully understand the above statements.

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Applicant/Officer Signature

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Printed Name

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Address

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City, State, Zip

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Phone

State of North Carolina, County of \_\_\_\_\_

Subscribed and sworn to before me,

this is the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public & Seal

My commission expires: \_\_\_\_\_.