

NEWPORT POLICE DEPARTMENT
Authorization for Release of Personal Information to Law Enforcement
Agencies for Certification / Employment Purposes

Page 1 of 2

To Whom It May Concern:

I am an applicant for a position with the Newport Police Department. In order to determine my suitability for employment, I understand that the Newport Police Department, Town of Newport, 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 is 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, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization {including National Personnel Records Center, Saint Louis, Missouri}, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Newport Police Department, Newport, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Newport Police Department, Town of Newport, 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 Newport. And further, I hereby release the issuing agency, institution, or organization 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 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 Newport 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 and Training Standards Commission, North Carolina Sheriffs' Education and 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.

Applicant Initials

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Page 2 of 2

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicant's Full Name – PRINT)

(Address)

(Applicant's Signature in full)

(City, State, Zip Code)

(Telephone)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this the _____ day of _____,
20____.

(Official Seal)

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My commission expires: _____