AUTHORIZATION FOR RELEASE OF RECORDS

In order to determine my suitability as an employee of the Scotland Neck Police Department, the Chief of Police will require that a comprehensive personal background investigation be conducted.

I, _____, do hereby authorize any military organization, governmental agency, bank or credit agency, former or present employer and any other person or entity to furnish to the Scotland Neck Police Department any and all available information requested pertaining to me. I hereby release any and all person from any civil or criminal liability Authorization for Release of Records.

Furthermore, I specifically authorize the Scotland Neck Police Chief to disclose any information obtained, discovered or possessed by the Scotland Neck Police Department as may be required or authorized by law. I further authorized disclosure by the Chief of the Scotland Neck Police Department of any information in his possession to the extent that such disclosure is made to another law enforcement or criminal justice licensing or regulatory agency of is needed or requested for criminal justice investigation or employment purposes.

_____

Signature Date

_____

Witness Date