



## State of North Carolina

Department of Justice  
Criminal Justice Standards Division

JOSH STEIN  
ATTORNEY GENERAL

PO Box 310  
Raleigh  
27602-0310  
Phone: (919) 661-5980 • Fax: (919) 779-8210

### AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I am an applicant for company or campus police officer with the North Carolina Company Police Program or the North Carolina Campus Police Program. In order to determine my suitability for commissioning or continuing commissioning, I understand that the North Carolina Company Police Program or the North Carolina Campus Police Program 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 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, Sealed criminal or civilian courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information, including personnel records pertaining to me maintained in accordance with N.C.G.S. § 160A-168; N.C.G.S. § 153A-98; or N.C.G.S. § 126-24, to the North Carolina Company Police Program or the North Carolina Campus Police Program regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Company Police Program or the North Carolina Campus Police Program from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. 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 certification as allowed by law. I do further authorize the North Carolina Company Police Program or the North Carolina Campus Police Program, 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 Company Police Program or the North Carolina Campus Police Program, North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' 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 (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.

\_\_\_\_\_  
Signature

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and official seal, this the \_\_\_ day of \_\_\_\_\_, 20\_\_.  
\_\_\_\_\_  
Notary Public My Commission expires: \_\_\_\_\_