

AUTHORIZATION FOR RELEASE OF RECORDS

In order to determine my suitability as a Company or Campus Police Officer, the Company Police Administrator, North Carolina Department of Justice, will conduct a comprehensive personal background investigation.

I, _____, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and any other person or entity to furnish to the Company Police Administrator any and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant to this Authorization for Release of Records.

Furthermore, I specifically authorize the Company Police Administrator to disclose any information obtained, discovered or possessed by it as may be required or authorized by law. I further authorize disclosure by the Company Police Administrator 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 or is needed or requested for criminal justice investigatory or employment purposes.

Applicant Signature

STATE OF NORTH CAROLINA

COUNTY OF _____

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

WITNESS my hand and notarial seal, this the ____ day of _____, 20 ____.

Notary Public

My Commission Expires:

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