Authorization for Release of Information

I am an applicant for a justice officer position with the	<u>-</u>
Commission must make a thorough investigation of my interest that all relevant information concerning my pers	the North Carolina Sheriffs' Education & Training Standards personal records and personal background. It is in the public's onal and employment history be disclosed to the above Agency.
	, DOB, Operators License #,
agency, retail business establishment, former and prese professional including mental health, alcohol treatment of company, governmental agency, criminal and civil court other individual agency to produce and provide copies of	lending or financial institution, credit bureau, consumer report ent employer, educational institution, doctor or other health care center, hospital or other repository of medical records, insurance s, certification/licensing commission, military organization, and any of any and all information to the named hiring Agency and the North mission regarding me, whether of a privileged or confidential
Commission from any civil or criminal liability whatsoever information as it relates to my application for certification	d the North Carolina Sheriffs' Education & Training Standards or for seeking such requested information and for evaluating such and I hereby release the issuing Agency and its agents and and all liability for damages of whatever kind, which may at any and request.
allowed by law. I do further authorize the named hiring standards Commission, its agents and employees, to regulating the certification, authority or conduct of law en Carolina Criminal Justice Education & Training Standard	Agency and the North Carolina Sheriffs' Education & Training elease copies of any and all information to any agency or entity inforcement officers. This is to include, but not limited to: North ds Commission, North Carolina Sheriffs' Education & Training ral's Office, agencies of other states and the federal government,
process through the North Carolina Sheriffs' Education time as my application for certification is ultimately denie	e of Information shall remain valid for the duration of the application and Training Standards Commission and shall not expire until such ed. In the event that I am issued certification, I further acknowledge emain valid until such time as my certification expires, is ked by entry of a Final Agency Decision.
A copy of this document is considered valid, just as statements.	the original. I have read and fully understand the above
STATE OF NORTH CAROLINA	
COUNTY OF	(Anglicant Cinnetons)
Subscribed and Sworn to before me, this	(Applicant Signature)
the day of20	Printed Name:
	Address:
(Notary Signature)	
Expires:	Phone: