

**Authorization for Release of Personal Information to
Cumberland County Sheriff's Office
for Law Enforcement - Certification - Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with the Cumberland County Sheriff's Office. In order to determine my suitability for employment, I understand that the Cumberland County Sheriff's Office of Fayetteville, North Carolina must make a thorough investigation of my personal records and personal background notwithstanding the provisions of G.S. 132-6 or any other general law or local act. It is in the public's interest that all relevant information concerning my personal and employment history up to and including my application, selection or nonselection, performance, promotions, demotions, transfers, suspension, internal affairs investigations, disciplinary actions, evaluation forms, leave, salary, and termination of employment be disclosed to the above agency.

Therefore I, 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, education 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 and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Cumberland County Sheriff's Office of Fayetteville, North Carolina regarding me whether of a privileged or confidential nature.

I understand that certain "identifying information", such as my social security number, is now afforded extraordinary protection from public release under the authority of NCGS 14-113.1 (and following). However, I waive such rights of protection in my social security number and voluntarily provide it to the Cumberland County Sheriff's Office of Fayetteville, North Carolina for use during my application process to accurately determine information about me in a background check. I understand that my social security number will be used only for such purpose and will not be published or released to the general public.

Moreover, I hereby release the Cumberland County Sheriff's Office of Fayetteville, 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 County of Cumberland. And, I hereby release the issuing agency and its agents, 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 waiver all rights to inspect or review any information compiled in reference to my application for employment. I do further hereby authorize the Cumberland County Sheriff's Office, 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 includes, but not limited to North Carolina Criminal Justice Education & 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 employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment 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.

Date	Applicant's Printed Name	Applicant's Signature	
Applicant's Complete Mailing Address			
Date of Birth	Operator's/Drivers License #	State	Phone #

STATE OF NORTH CAROLINA

Affix notary seal here →

COUNTY OF CUMBERLAND

Sworn to and subscribed before me this the
day of

20

By: Personal Knowledge Satisfactory Evidence Credible Witness

My Commission Expires: _____

Notary Public's Official Signature

Notary Public's Name (printed or typed)