

# RAEFORD POLICE DEPARTMENT

## AUTHORIZATION & RELEASE TO OBTAIN INFORMATION

I, \_\_\_\_\_, voluntarily authorize the Raeford Police Department to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report or to know its contents, and I further understand that the contents of this report are privileged. I agree to give any further information which may be required in reference to my past record. I fully understand all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from education institutions (university, college, school, or Board of Education of any state), bank, credit agency, physicians and/or medical records, insurance companies, military organizations, police and/or court records, Department of Motor Vehicle records, personal references, developed references, previous employers, and other appropriate sources. I authorize the release of any information the City of Raeford may request from the above sources. I also authorize my former employer to give any information regarding my employment, together with any information they may have regarding me, whether or not it is on their records.

I, hereby, release the City of Raeford, or any of its agents or representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, records, and other information for my background investigation.

Dated, this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

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

Subscribed and sworn to before me this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires:\_\_\_\_\_