

**Authorization for Release of Personal Information
to Gastonia Police Department for
Certification/Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with the **Gastonia Police Department**. In order to determine my suitability for employment, I understand that the **Gastonia Police Department** of Gastonia, North Carolina 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 request 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 and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information (including, but not limited to, performance evaluations, disciplinary actions, counseling, any information contained in a law enforcement agency's internal affairs file or files, and any other information contained in my personnel files) to the authorized agent of the **Gastonia Police Department** of Gastonia, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the **Gastonia Police Department**, of Gastonia, 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 City of Gastonia. 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 the authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the **Gastonia Police Department**, its agents and employees, to release copies of any and all information and any other information contained in my personnel files) 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 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 one (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.

Applicant/Officer Signature

Printed Name

Address

Phone Number (_____) _____

STATE OF NORTH CAROLINA
COUNTY OF GASTON

Subscribed and sworn to before me, this the _____ day of _____, 20_____.

Notary Public & Seal

My Commission Expires: _____