Authorization for Release of Personal Information
To the Rutherford County Sheriff's Office

To Whom It May Concern:

I am an applicant for a position and / or sponsorship with the Rutherford County Sheriff's Department. In order to determine my suitability for a position and / or sponsorship, I understand that the Rutherford County Sheriff's Office must make a thorough investigation of my personal records and personal background. It is in the public's interest that all my relevant information concerning my personal and employment history by 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 to the authorized agent of the Rutherford County Sheriff's Office, county of Rutherford, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Rutherford County Sheriff's Office from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment and / or sponsorship with the Rutherford County Sheriff's Office. 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 this authorization and request.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment and / or sponsorship application or investigative process has been completed, whichever is later.
A copy of this document is valid, just as the original.
I have and fully understand the above statements.

State of North Carolina
County of Rutherford

Subscribed and sworn to before me,
This is the ____day of _____, 20___.

_____
Notary Public & Seal
My Commission Expires: _____

Signature _____
Printed Name _____

Address _____
_____
Phone number _____