

# Authorization for Release of Information

I am an applicant for the Citizens Cadet Academy with the Robeson County Sheriff's Office.

In order to determine my suitability for this academy, I understand that the Robeson 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 relevant information concerning my personal and employment history be disclosed to the above Agency.

Therefore, I, \_\_\_\_\_, DOB \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby request and authorize 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 named Agency regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named Agency from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application. 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 further waive all right to inspect or review any information compiled in reference to my application, as allowed by law

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the Robeson County Sheriff's Office is ultimately denied. I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my enrollment in the program expires, or is revoked by entry of a Final Agency Decision.

**A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.**

**STATE OF NORTH CAROLINA**

**COUNTY OF ROBESON.**

**Subscribed and Sworn to before me, this**

**the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_  
**(Notary Signature)**

\_\_\_\_\_  
**(Applicant Signature)**

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Expires:** \_\_\_\_\_

**Phone:** \_\_\_\_\_