LONG VIEW POLICE DEPARTMENT

JUSTIN REID, CHIEF OF POLICE
2404 1ST AVENUE SW, HICKORY, N.C. 28602
PHONE: (828) 327-2343 | FAX: (828) 578-6703

AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a position with the Long View Police Department. In order to determine my suitability for employment, I understand that the Long View Police Department 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, _____ , Operator's 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 Long View Police Department regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Long View Police Department 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 Town of Long View. 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 Long View 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)

_____ _____
(Phone Number)

_____
(Address)

STATE OF NORTH CAROLINA
COUNTY OF CATAWBA

I, _____, Notary Public, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this _____ day of _____, 20_____.

_____ _____
(Notary Signature) (Commission Expires)