Authorization for Release of Information to North Carolina Criminal Justice Education and Training Standards Commission

F-36
(Rev. 08-2026)

To Whom It May Concern:

I am an applicant/certified officer for criminal justice officer certification, corrections officer, or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Criminal Justice Education & Training Standards Commission 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 # (and state) _____, do hereby 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 or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. 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 for certification as allowed by law. I do further authorize the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees, to release copies of any and all information 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, North Carolina Department of Public Safety, North Carolina Department of Adult Correction, North Carolina Campus Police Program, North Carolina Company Police Program, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Criminal Justice Education and training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, 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 _____

Subscribed and Sworn to before Me, this
The _____ day of _____ 20____

_____
Applicant Signature

_____
Printed Name

Date: _____ Phone #: _____

Address: _____

_____
(Notary Signature)

My Commission Expires: _____