OXFORD POLICE DEPARTMENT

CITY OF OXFORD
204 E. McClanahan St. P.O. Box 1186 Oxford, North Carolina 27565
PHONE (919) 693-3161 FAX (919) 693-7990

Authorization for Release of Personal Information

To Whom It May Concern:

In order to determine my suitability for employment, I understand that the Oxford Police Department, City of Oxford, North Carolina, must make a thorough investigation of my personal records and personal background.

Therefore, I,_____ do hereby request and authorize any banks, credit unions, former and present employers, educational institutions, doctors, Insurance companies, governmental agencies, military organizations, and any other individual agency to produce copies of any and all information to the Oxford Police Department, City of Oxford, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I release the Oxford Police Department, City of Oxford, 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 Oxford. And, I release those agents and individuals from any civil or criminal liability whatsoever for issuing the requested information.

I further waive all rights to inspection or review of any information compiled in reference to my application for employment. I do further hereby authorize the Oxford Police Department, and its agents and employees, to release copies of any and all information to any other Law Enforcement Agency or 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 and Training Standards Commission, North Carolina Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Office, and agencies of other states and the federal government.

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

_____

Applicant's Signature Date

State of North Carolina
County of: _____
Subscribed and sworn to before me, this the _____ day of _____ 20 _____

_____ _____

Notary Public and Seal My Commission Expires