



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

A uthorization for Release of Information (OPD Police Volunteer Programs)

To Whom It May Concern:

In order to determine my suitability for a volunteer position with the Oxford Police Department, City of Oxford NC, I understand that the department must make a thorough inquiry into my background.

Therefore, I _____ do hereby request and authorize any former and present employers, educational institutions, governmental agencies, military organizations, friends, neighbors or business associates, to produce copies of any and all information and or verbal statements regarding me even if of a privileged nature.

Moreover, I release the Oxford Police Department, City of Oxford NC, from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my seeking a volunteer position with the Oxford Police Department. 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 a volunteer position.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicants 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