City of Fayetteville
North Carolina

Police Department

Authorization and Release to Obtain Information

I, _____, DOB _____, Operator/Driver's License #_____ and State: _____, authorize the City of Fayetteville to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

The investigation may include information from educational institutions, previous employers, military units and organizations, all U.S. Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Fayetteville may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Fayetteville.

I hereby release the City of Fayetteville, North Carolina, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Fayetteville.

_____
Signature

_____
Date

State of North Carolina
County of Cumberland
I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal this the ____ day of _____, 20___.

_____
Notary Public Signature

My commission expires _____, 20____.

(Official Seal)

_____
Notary Public *(Type or Print)* Name