

From the desk of Sheriff Matthew W. Beickert

Currituck County, North Carolina

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Authorization for Release of Personal Information To Law Enforcement Agencies for **Certification/ Sponsorship or Employment Purposes**

To Whom It May Concern:

I am an applicant for a position and/or sponsorship with the Currituck County Sheriff's Office. In order to determine my suitability for employment/ sponsorship, I understand that the Currituck County Sheriff's Office, located in Currituck, North Carolina within the County of Currituck 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 a	and authorize any
bank, credit union, lending or fina	ncial institution, credit bureau, consu	amer report agency,
retail business establishment, form	ner and present employer, educationa	ıl institution, doctor
or other health care professional in	ncluding mental health, alcohol treats	ment center,
hospital or other repository of med	dical records, insurance company, go	vernmental
agency, criminal and civil courts,	certification/licensing commission, r	nilitary
organization, and any other individ	dual agency to produce and provide	copies of any and
all information to the authorized a	gent of the Currituck County Sheriff	's Office,
Currituck, North Carolina regardin	ng me whether of a privileged or con	fidential nature.

Moreover, I hereby release the Currituck County Sheriff's Office, Currituck, 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/ sponsorship with the Currituck County Sheriff's Office. And, I hereby release the issuing agency and its agents 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 employment/sponsorship. I do further hereby authorize the Currituck County Sheriff's Office, 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 Sheriff's

Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment 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 Signature
	Printed Name of Applicant
	Address:
	Telephone number: ()
STATE OF NORTH CAROLINA COUNTY OF Currituck, North Carolina	
Subscribed and sworn to before me, this is the day of	, 20
Notary Public & Seal	
My Commission expires:	