



City of Kinston
Police Department
P. O. Box 339 / 205 E. King Street
Kinston, North Carolina 28502
Phone: (252) 939-3139 / Fax: (252) 939-3276



Alonzo Z. Jaynes, Police Chief

***AUTHORIZATION for RELEASE of PERSONAL INFORMATION
to LAW ENFORCEMENT AGENCIES for
CERTIFICATION/EMPLOYMENT PURPOSES***

To Whom It May Concern:

I am an applicant for a position with the Kinston Police Department. In order to determine my suitability for employment, I understand that the Kinston Police Department 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 _____, authorize the release of information via the following: operator's license, 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 and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Kinston Police Department, Kinston, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Kinston Police Department 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 Kinston. 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 rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Kinston Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of fire and 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, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative 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/Officer Signature

Printed Name

Address: _____

Phone Number: _____

Social Security Number: _____

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me,

this is the _____ day of _____ 20_____.

Notary Public & Seal

My Commission Expires: _____

(BACK)