

Release Agreement

Applicant Name: _____

Date: _____

I am an applicant for Basic Law Enforcement Training at Coastal Plain Law Enforcement Training Center at Wilson Community College.

In order to determine my suitability for this position and for certification as a law enforcement officer, I understand that Coastal Plain Law Enforcement Training Center, North Carolina Criminal Justice Education and Training Standards Commission, and/or North Carolina Sheriffs Education and Training Standards Commission 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 must be disclosed to Coastal Plain Law Enforcement Training Center at Wilson Community College.

Therefore, I, _____, d.o.b. _____, Operators License Number _____ do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other healthcare 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 Coastal Plain Law Enforcement Training Center, North Carolina Criminal Justice Education and Training Standards Commission, and/or North Carolina Sheriffs Education and Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release Coastal Plain Law Enforcement Training Center, North Carolina Criminal Justice Education and Training Standards Commission, and/or North Carolina Sheriffs Education and Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it related to my application for certification. 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 right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize Coastal Plain Law Enforcement Training Center, North Carolina Criminal Justice Education and Training Standards Commission, and/or North Carolina Sheriffs Education and Training Standards Commission, their 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 Criminal Justice Education and Training Standards Commission, and/or North Carolina Sheriffs Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and 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.

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to Coastal Plain Law Enforcement Training Center and forward to the North Carolina Criminal Justice Education and Training Standards Commission or North Carolina Sheriffs Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Signature in Full)

Subscribed and sworn before me,
this the _____ day of _____, 20 ____

Notary Public (Official Seal)
My Commission Expires: _____, 20 ____