



# Marion Police Department

270 South Main Street  
Marion, North Carolina 28752  
(828) 652-5205 • Fax (828) 652-2977



Allen Lawrence, Chief of Police

## Authorization for Release of Personal Information to Law Enforcement Agencies for Employment

To Whom It May Concern:

I am an applicant for a job position with the City of Marion Police Department. In order to determine my suitability for a job position, I understand that the Marion Police Department and City of Marion, North Carolina 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 agencies.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, 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 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 City of Marion, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Marion Police Department, City of Marion, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my volunteer position with the City of Marion. 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 a job position as allowed by law. I do further authorize the Marion Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the conduct of city employees.

This is to include, but not limited to: Agencies of other states and the federal government, and the applicant'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 statement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

Phone Number \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires: \_\_\_\_\_

This request authorizes the Marion Police Department to obtain North Carolina State Criminal Record for the purpose of eligibility for city employment.

\_\_\_\_\_  
Bob Boyette, City Manager

\_\_\_\_\_  
Date

**“Policing is a Partnership”**