



BUNCOMBE COUNTY SHERIFF'S OFFICE

Authorization for Release of Information

I am an applicant for an internship with the Buncombe County Sheriff's Office. In order to determine my suitability for this position, I understand that the Buncombe County Sheriff's Office 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 Number and State: _____/_____, do hereby request and authorize any bank, credit union lending institution, former and / or present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical certification/licensing commission, military organization and any other individual agency to produce and provide copies of any and all information to the Buncombe County Sheriff's Office, regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Buncombe County Sheriff's Office from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to any application for internship. And, I hereby release the Buncombe County Sheriff's Office 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 hereby acknowledge that this authorization is valid for one (1) year or until the internship 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 BUNCOMBE
Subscribed and Sworn to before me, this the

_____ day of _____, 20____

(Notary Signature)

Expires the _____ day of _____, 20____

(Applicant Signature)

Printed Name: _____

Address: _____

City/State: _____

Phone: _____