



# TEGA CAY POLICE DEPARTMENT

JOEY CROSBY | CHIEF OF POLICE



## Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for a position with the **Tega Cay Police Department**, I recognize that honor and integrity are essential characteristics for anyone entering the law enforcement profession. I further recognize the need for the Police Department to conduct an extensive background investigation on every applicant.

With this recognition in mind, I hereby authorize the **Tega Cay Police Department** and its authorized representatives, in possession of this release or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records. This includes, but is not limited to, academic records, achievement records, attendance records, athletic records, personal history, disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the **Tega Cay Police Department**. This release is executed with full knowledge and understanding that the information is for official use by the department in evaluating my application for employment. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling their official responsibilities.

I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including their officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind that may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such disclosure is not required by any law or regulation. I have been advised that all parties will utilize this number solely to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application.

Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number (optional): \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_  
NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_