



Goldsboro Police Department
204 S. Center St.
Goldsboro, NC 27530
(919)580-4257



Authorization for Release of Personal Information

I, _____, do hereby authorize a review of, copy or reproduction of and full disclosure of all records concerning myself to any duly authorized agent of the Goldsboro Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of (but not limited to): any and all criminal records (to include Juvenile charges), the records of educational institutions (both academic and disciplinary); financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and ratings), and other financial statements and records where ever filed; medical and psychiatric treatment and/or consultation records, including hospital clinics, private practitioners, and the U.S. Veteran's Administration; personnel files of the U.S. Armed Forces (both computerized and paper files) to include UCMJ charges and/or disciplinary actions; employment and pre-employment records, including background reports, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, Internal Affairs investigations (including polygraph examination reports), and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date of Birth

Social Security Number

Sworn to and subscribed before me this:

_____ Day of _____, _____

(Notary Public's Signature)

Commission Expires: _____