



## Serve & Protect

### AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, \_\_\_\_\_, am an Applicant for the position of \_\_\_\_\_, with the Spartanburg Police or Fire Department and I do hereby authorize the release of any and all information to the Spartanburg Police or Fire Department or the City of Spartanburg Human Resources Department that they may request, from whomever they may deem it necessary, to make such a request from any of my records or files.

Such information will include, but will not be limited to: hospital records, medical records, military records, police records, arrest records, court records, police reports including juvenile records, police polygraph examination reports, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc.

I also release all persons from any liability, which could result from furnishing said information to the Spartanburg Police or Fire Department and direct the disclosure by third parties of materials requested to the Spartanburg Police or Fire Department or the City of Spartanburg Human Resources Department.

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Further, I authorize the Spartanburg Police or Fire Department to copy or otherwise reproduce this original document and to let such copied or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Spartanburg Police or Fire Department.

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I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me

this \_\_\_ day of \_\_\_\_\_, 202\_\_

\_\_\_\_\_  
Notary Public, State of South Carolina

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

(Notary Seal or Stamp)