



Serve & Protect

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____, am an Applicant for the position of _____, with the Spartanburg public safety department and that I do hereby authorize the release of any and all information to the Spartanburg public safety 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 public safety department and direct the disclosure by third parties of materials requested to the Spartanburg public safety department or the city of Spartanburg human resources department.

Further, I authorize the Spartanburg public safety 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 public safety department.

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

DATE

SIGNATURE

ADDRESS