

**Central Carolina Community College
Basic Law Enforcement Training
Director Robert Powell
1105 Kelly Drive
Sanford, North Carolina 27330
919-777-7774**

Authority for Release of Information and Waiver

To Whom It May Concern:

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Central Carolina Community College's Basic Law Enforcement Training Department whether the said records are of a public, private or confidential nature. THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKERS' COMPENSATION CLAIMS.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, complaints or grievances filed by or against me, 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, excluding any medical malpractice cases or workers' compensation claims.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for the Basic Law Enforcement Training program at CCCC. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; 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.

(Print Name)

(Signature)

Address

Social Security Number

City/State/Zip Code

Telephone