



POLICE DEPARTMENT

*Barry New
Chief of Police*

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of full disclosure of all records of any
(Print Full Name)
part thereof, concerning myself, by and to the TOWN OF HONEA PATH, whether 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 the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and savings accounts and loans, also the records of commercial or retail credit agencies, including credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the US Veteran's Administration; public utilities, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal, property tax statements and records wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization to provide full and free access to the background and history of my personal life, for their specific purpose of pursuing a background investigation which may provide pertinent data for the Police Department to consider in determining my suitability for employment by the Town of Honea Path. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment. I have had explained to me, and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Address: _____
City State Zip

DOB: _____ DL#: _____ SS Number: _____

On this _____ day of _____, 20____, before me personally appeared and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to that he/she executed the same for the purposes therein contained.

In Witness Whereof I hereunto set my hand.

Notary Public for South Carolina