



Forest City Police Department

187 South Church Street P.O. Box 552 Forest City, NC 28043
Office 828-245-5555 Fax 828-248-5206

AUTHORITY TO RELEASE INFORMATION

I hereby request and authorize the release, disclosure, or divulgence of any and all information, documentation, records, writings, or other data pertaining to my citizenship, employment, military, medial, credit or education including but not limited to my academic, achievement, attendance, athletic, personal history, military, credit, medical, psychiatric, discipline, criminal or other records specifically or generally pertaining to me. I hereby direct you to release such information upon a request of any Forest City Police Officer or other authorized representative of the Forest City Police Department bearing this release of copy thereof. This release is executed with the full knowledge and understanding that the information is for official use by Forest City Police Department. I consent to Forest City Police Department furnishing such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any person, officer, agent, employee or related personnel of any proprietorship, association, corporation, institution, governmental agency, school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, and retail business establishment, both individually and collectively, from any and all liabilities, claims, or causes of actions for myself, my heirs, family or associates because of compliance with or attempted compliance with this authority to release information. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Current Address: _____

Telephone Number: _____

Witness Signature: _____

County of _____

Sworn and subscribed before me this ____ day of _____, _____.

Signature of Notary Public: _____

My commission expires: _____

SEAL