I have applied for employment with the North Carolina State Highway Patrol (SHP). I hereby consent to the Department of Public Safety (DPS) and the SHP conducting an investigation into my moral character, reputation, education, employment history, financial history, and other aspects of my background.

I hereby authorize and direct any person, firm, corporation, educational institution, government agency, or other entity, holding any information or record about me, including, but not limited to academic, residential, military, educational, personal history, employment, financial, credit, disciplinary, arrest, and conviction records to release said information or record to the DPS and/or the SHP or its agents within one year of this date. I further authorize any such person, firm, or corporation to give their personal and/or professional opinions and statements, whether substantiated or not, concerning my prior activities, job performance, reputation, or moral character.

I hereby authorize the SHP to obtain and use any such information or record in making any decision concerning my employment with the SHP, to release such information or record, including my social security number, to third parties in the course of fulfilling its official responsibility, and to use or release this information or record for any other legal purpose.

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, exonerate, discharge, and agree forever to refrain from bringing suit or proceeding at law or equity for any claim or suit for damages against all persons, firms, corporations, educational institutions, governmental agencies, or other entities, their employees and agents, whether or not named herein, for release whether directly or indirectly, of any information or record, whether substantiated, accurate or not, and the DPS and the SHP, all employees and agents thereof, for obtaining, using, and releasing any such record or information, whether substantiated, accurate or not. If there are any questions concerning the validity of this release and agreement not to sue, you may contact me as indicated below.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | | |  |
|  | | | (Signature) |
| Full Name: | | |  |
|  | | | (Typed or Printed Name) |
| Current Address: | | |  |
|  | | |  |
| Telephone Number: | | |  |
| North Carolina | | | |
|  | | County | |
| I, |  | , a notary public for said county and state, do hereby certify that | |
|  | | personally appeared before me this day and affixed his/her signature hereto. | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Witness my hand and official seal, this the | |  | day of | |  | | , |  | . |
|  | | |  | | | | | | |
|  | | | (Notary Public) | | | | | | |
| My Commission expires |  | | , |  | | . | | | |