

Elgin Police Department

PO Box 277-2469 Main Street
Elgin, SC 29045
(803) 438-9917 FAX (803) 408-1155
Chief Alan Anders

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Sex: _____ Race: _____ Date of Birth: _____
Place of Birth: _____ City _____ County _____ State _____

This release, when presented by a duly authorized representative of the Elgin Police Department, Office of Employment Standards, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Elgin Police Department: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Elgin Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Elgin Police Department, to consider my suitability for employment.

I understand that any information obtained by a 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 by the Elgin Police Department. I understand that all materials pertaining to this background investigation become the property of the Elgin Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his /her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature: _____

Street Address: _____

City, State, ZIP Code: _____

State of South Carolina

County/City of _____

Subscribed and Sworn before me this _____ day of _____, 2023