

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator or duly accredited representative of the North Carolina Department of Environment and Natural Resources, Division of Parks and Recreation bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, physicians, medical institutions, financial institutions, government agencies, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Department of Environment and Natural Resources, Division of Parks and Recreation and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Full Name: _____

Other Names Used: _____

Date: _____

Current Address: _____

Telephone Number: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires _____