



**Pitt County Sheriff's Office  
Post Office Box 528  
Greenville, North Carolina 27835**

Date : \_\_\_\_\_

**DISCLOSURE OF INFORMATION FORM**

To Whom It May Concern:

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly-authorized agent of the Pitt County Sheriff's Office, 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; records of loans, the records of commercial or retail credit agencies (including credit reports and ratings,) and other financial statements and records wherever found; medical and psychiatric records, treatments, and/or consultations including clinics, hospitals, private practitioners, and the United States Veterans Administration; employment and pre-employment records including background investigation reports, efficiency ratings, complaints filed by me, complaints or disciplinary reports filed against me, and the results of these reports; and the records and recollections of attorneys-at-law, or other counsel, whether representing me or other persons in any case, criminal or civil, in which I have or appear to have an interest.

I authorize the custodian of military personnel records in St. Louis, Missouri or any other United States military facility to fully disclose to the Pitt County Sheriff's Office any information contained in my military personnel records. This information may include, but is not limited to, medical and psychiatric evaluations, employment and pre-employment records, background investigations, security clearance ratings, efficiency ratings, complaints and grievances, arrests and/or detentions, convictions, any disciplinary records, type and date of discharge, date and locations of entry and assignments, training and educational records including medical and psychiatric records to be mailed directly to the Pitt County Sheriff's Office upon their request.

I understand that any information obtained by a personal background history investigation which is developed directly or indirectly, in whole or in part upon this release authorization, will be used in determining my suitability for employment with the Pitt County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing said information to the Pitt County Sheriff's Office.

I also agree to pay any and all charges and fees concerning this request and can be billed for such charges at my home address. A photocopy of this release form will be valid as an original theror, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Full Name

Subscribed and sworn to before me,  
this the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public / Approved Member

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Soc. Sec No.