



OFFICE OF THE
SHERIFF OF ROCKINGHAM COUNTY
Sam S. Page, Sheriff

Physical Address:
Law Enforcement Center
170 NC 65 Reidsville, NC 27320

Mailing Address:
P.O. Box 128 Wentworth, NC 27375

Non-Emergency: (336) 634-3232
Records: (336) 634-3235
Detectives: (336) 634-3238
Administration: (336) 634-3239
Animal Control: (336) 634-3300
Jail: (336) 634-3236
Fax: (336) 634-3064
Public Information: (336) 634-3065
Website: RockinghamSheriff.com
Twitter: @rockcosheriff
Facebook: Rockingham Sheriff
Instagram: rockcosheriff

RELEASE

I, the undersigned, am an applicant for a position with the Rockingham County Sheriff's Office and hereby authorize the release of all my personal records of education, credit, employment, medical, criminal, civil, and/or other information as requested by the Rockingham County Sheriff's Office or its official agents. This release is for the purpose of conducting a confidential investigation in order to determine my suitability for employment with the Sheriff's office and is a pre-requisite of that agency.

It is therefore my desire that all persons contacted by the department cooperate fully in this background investigation and supplied copies of this request are to be retained in the files of the Rockingham County Sheriff's Office. I further agree that photostatic copies of this original release shall serve as my full release of requested information or documents when said release is utilized by an agent of the Rockingham County Sheriff's Office authorized by the department to conduct background investigations.

I, the undersigned, shall fully release and hold harmless any individual, organization, corporation, or facility that provides information or documents to the Rockingham County Sheriff's Office during the course of this investigation. I understand that the investigation shall be a confidential document and the Rockingham County Sheriff's Office retains the right to deny me the ability to review any or all portions of the investigation document. I waive all rights to inspect or review any information compiled in reference to my application for employment.

I authorize the Rockingham County Sheriff's Office, its agents and employees to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officer, including, but not limited to, the North Carolina Criminal Justice Education and Training Standards Commission, North Carolina Attorney Generals office, agencies or other states and the federal government and the applicant's employing agency.

This authority is valid for one (1) year from the date hereof or until the employment application or investigative process has been completed, whichever is later.

I have read and fully understand this Release.

Print Applicant's Full Name

Witness

Date of Birth

N.C. Driver's License Number

Applicant's Signature

Original Date of Release

STATE OF NORTH CAROLINA
COUNTY OF ROCKINGHAM

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

(SEAL)
Notary Public

My Commission Expires: _____