

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**  
**TO LINCOLN COUNTY EMERGENCY MEDICAL SERVICES**  
**FOR CERTIFICATION/EMPLOYMENT PURPOSES**

To Whom It May Concern:

I am an applicant for a position with Lincoln County Emergency Medical Services. In order to determine my suitability for employment, I understand that Lincoln County Emergency Medical Services, in Lincolnton, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License #: \_\_\_\_\_  
State: \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce copies of any and all information to the authorized agent of Lincoln County Emergency Medical Services in Lincolnton, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release Lincoln County Emergency Medical Services in Lincolnton, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with Lincoln County Emergency Medical Services. And, I hereby release the issuing agency and its agents, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment. I do further hereby authorize Lincoln County Emergency Medical Services, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of emergency medical technicians. This is to include, but not limited to: North Carolina Office of Emergency Medical Services, North Carolina Medical Board, agencies of other states and the federal government, and the applicant's/technician's employing agency

I hereby acknowledge that this authorization is valid for one (1) year or until the employment process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

State of North Carolina  
County of \_\_\_\_\_

Subscribe and Sworn to before me,  
This is the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires: \_\_\_\_\_.