



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

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**AUTHORIZATION FOR RELEASE OF RECORDS**

I, \_\_\_\_\_, hereby request and authorize all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me to release and furnish to the North Carolina Department of Justice and/or the Private Protective Services Board all records and other information concerning me. The above mentioned agencies are currently conducting a personal background to determine my suitability for a Private Protective Services License, Certification and/or Registration. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

Sworn and subscribed before me, this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_