



Cayce Police Department

Two Lavern Jumper Rd. Cayce, SC 29033
Post Office Box 2004 Cayce, SC 29171
Phone (803) 794-0456 Fax (803) 794-2393

#CAYCE#1

AUTHORIZATION FOR RELEASE OF RECORDS

Medical Provider, Physician, Hospital, Medical Association, U.S. Armed Forces, U.S. Selective Service System, Maritime Service, Veterans Administration, or

Academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at a school (college, business, trade or high school), or

Past or present employer, or

Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Municipal, County, State, or Federal Governmental Agency.

I, _____, have applied for employment with the City of Cayce Police Department. I am aware my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, including confidential, personal, medical, and financial information to the Cayce Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs, or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me or one of my family, heirs, or associates.

Printed Name: _____

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, A.D. 20__.

Notary Public: _____ Name: _____

My Commission expires: _____

The Cayce Police Department strives to protect the public trust placed upon us by fostering community partnerships and developing a highly trained team. We will relentlessly pursue the criminal element threatening the quality of life and safety of our citizens and the community.