



Horry County Police Department

Dedicated to Providing Comprehensive, Quality Law Enforcement

2560 North Main Street, Suite 7 - Conway, SC 29526 - Tel: 843-915-5350 - Fax: 843-248-1886

Background Investigation Release and Waiver

To Whom It May Concern:

I hereby authorize any representative of the Horry County Police Department bearing this release, or a copy of it, to obtain copies of any information in your files concerning me, including but not limited to information pertaining to my employment, previous or pending workman’s compensation claims, documents concerning my credit history and education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, psychological testing results, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and or sealed.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Horry County Police Department within the scope of any of its duties.

I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Horry County Police Department.

I hereby release you, as my employer, former employer, school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, or representative of any of the aforementioned from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy. I made this waiver knowingly and of my own free will, without coercion, trickery, promises of reward or threats of punishment, and understand that information obtained as a result may be used by the Horry County Police Department in the scope of their duties.

FULL NAME (SIGNATURE): _____

FULL NAME (PRINT): _____ DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: DAY (____)_____ EVENING (____)_____