

**DEPARTMENT OF PUBLIC SAFETY
ALCOHOL LAW ENFORCEMENT DIVISION
AUTHORITY TO RELEASE INFORMATION (AL-36)**

TO WHOM IT MAY CONCERN:

I hereby authorize any employee of NC Alcohol Law Enforcement, or any agent acting on the behalf of either of them, within one year of this date, to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records.

I hereby direct you to release such 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 North Carolina Alcohol Law Enforcement Division. Consent is granted for the North Carolina Alcohol Law Enforcement Division, to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or other education institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Printed): _____

Social Security Number: _____

DOB (mm/dd/yyyy): _____

Current Address: _____

Best Contact Phone #: _____

Full Name (Signed): _____

Today's Date: _____

State of _____

_____ County

I, _____, a Notary Public for said County and State, do hereby certify that the above named applicant personally appeared before me this day and affixed his/her signature hereto.

Witness my Hand and Seal, this the _____ Day of _____ 20_____.

Notary Public

My Commission Expires _____.