



# SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY

5400 Broad River Road  
Columbia, South Carolina 29212-3540



## AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned Officer, hereby authorize the \_\_\_\_\_  
\_\_\_\_\_ to release any information in its files pertaining to my certification, recertification, decertification, accreditation, maintenance of accreditation, withdrawal of accreditation or any other item of information related to law enforcement training, including but not limited to academic achievement, attendance, physical fitness, personal history and disciplinary records to the South Carolina Criminal Justice Academy or to its authorized representatives.

I hereby release the \_\_\_\_\_ from any and all liability for damages of whatever kind, which may at any time result to me, my heirs or assigns because of compliance with this Authorization to Release Information, or any attempt to comply with it.

Dated: \_\_\_\_\_

Signed in the Presence of:

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number