

Greensboro Police Department Explorer Program
AUTHORIZATION TO OBTAIN CRIMINAL RECORDS

I, _____, parent/legal guardian of
_____, applicant for Explorer Program, hereby grant Explorer
Program Staff the authority to obtain all criminal records of the applicant:

Name of Minor Child _____ DOB _____

The Explorer Program Staff members are authorized to obtain criminal records for this child in local, state or national files including but not limited to accusations, investigations, criminal charges and convictions, I release all entities from liability that may result from any such disclosure. I can revoke this authorization at any time.

This grant of temporary authority shall begin on _____ and shall remain effective until the minor child's eighteenth birthday or until revocation by the undersigned.

Printed name

Signature

Witness:

I, _____,
a Notary Public of _____
County, North Carolina, certify that

personally appeared before me and
acknowledged the due execution of the
foregoing MUTUAL ASSISTANCE
AGREEMENT.

This the ____ day of _____, 2017.

My commission expires: _____
(Seal)