

# Greensboro Police Department Explorer Program

## AUTHORIZATION TO OBTAIN CRIMINAL RECORDS

I, \_\_\_\_\_, applicant for Explorer Program, hereby grant Explorer Program Staff the authority to obtain all criminal records:

Applicant \_\_\_\_\_ DOB \_\_\_\_\_

The Explorer Program Staff members are authorized to obtain criminal records 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)