

**NORTH CAROLINA**  
**ALCOHOL LAW ENFORCEMENT BRANCH**  
**AUTHORITY TO RELEASE INFORMATION (AL-36)**

Applicant's Name	
Social Security Number	
Work Phone	Home Phone
Date	Cell Phone

TO WHOM IT MAY CONCERN:

I hereby authorize any employee of NC Alcohol Law Enforcement or any authorized representative of the North Carolina State Bureau of Investigation, 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 Branch, North Carolina State Bureau of Investigation. Consent is granted for the North Carolina Alcohol Law Enforcement Branch, North Carolina State Bureau of Investigation, 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): \_\_\_\_\_

Full Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

(Best Contact) Phone #: \_\_\_\_\_

North Carolina

\_\_\_\_\_ 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: \_\_\_\_\_