

**AUTHORITY TO RELEASE INFORMATION**

TO: Any person having knowledge of my conduct or activities, any past or present Employer Educational Institution or Law Enforcement Agency:

I, \_\_\_\_\_, hereby authorize the Division of Corrections and Rehabilitation and/or its agents, to conduct an appropriate background investigation of me and prepare a report which may be used as a factor in determining my eligibility for employment, promotion, or retention. I understand this report may include information from personal interviews about my character, general reputation, personal characteristics, and mode of living as well as public and private sources including, but not limited to, the acquisition of criminal records, employment records, school records, driving records, or abstracts, etc.

I authorize all persons who may have information relevant to this investigation to disclose it to the Division of Corrections and Rehabilitation and/or its agents, and I release all persons from any liability on account of such disclosure.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person. This release sets forth the entire agreement between your organization and me and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document in executing this release. I hereby waive any privilege of confidentiality with respect to any such information.

I hereby further authorize that a photocopy of this authorization may be considered as valid as an original. Please provide the requested information within ten (10) days of the date of this letter so that I may receive further consideration for employment.

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

Furnished for the purpose of positive identification: (Print Clearly)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ A.K.A (Include Maiden Name): \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_

Address History (Past 7 Years)

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