



Authority for Release of Information

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Department of Corrections bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct the release of such information upon the request of the bearer.

This release also authorizes the National Personnel Records Center, or other custodian of my military service record, to release any information and/or copies of documents from my military service record. I understand that the information released is for official use by the Department of Corrections and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: (Full Name)	_____
Print Full Name:	_____
Other Names Used: <i>(Include All Maiden and Aliases)</i>	_____
Social Security Number:	_____
Date:	_____
Current Address:	_____ _____ _____
Telephone Number:	_____
Date of Birth:	_____
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, or in the termination of your employment.	