

## RELEASE OF INFORMATION INSPECTOR GENERAL'S REPORT

**TO WHOM IT MAY CONCERN:**

I hereby authorize any representative of the Michigan State Police bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to: academic; athletic; achievement; attendance; personal history; disciplinary action; credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use by the Michigan State Police. Consent is granted for the Michigan State Police to furnish such information as is described above, to third parties in the course of the State Police fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and 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 (Typed or Printed)	Social Security Number	Date of Birth
Current Address, City, State and ZIP Code		Telephone Number
Signature		Signature Date
Name of Current Employer		
Address of Current Employer		
<b>DO NOT WRITE BELOW THIS LINE</b>		

**Results of Clearance by the Office of Inspector General (OIG), Department of Health and Human Services:**

<input type="checkbox"/> No Match on Computer			
<input type="checkbox"/> Case Number:		County:	
Recipient Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed		Case Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Begin Date	End Date	Begin Date	End Date
Begin Date	End Date	Begin Date	End Date

Programs: <input type="checkbox"/> Aid to Dependent Children <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Services	
Investigation Pending with OIG: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Closed OIG Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Repayment Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No

*THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.
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