

AUTHORIZATION FOR RELEASE OF INFORMATION

AUTHORITY: 1935 PA 59

COMPLIANCE: Voluntary

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Michigan State Police bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records checked below:

- | | |
|---|---|
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Personal History |
| <input type="checkbox"/> Financial / Credit | <input type="checkbox"/> Disciplinary History |
| <input type="checkbox"/> Academic Records / School Counseling Records | <input type="checkbox"/> Mortgage Records & Payment Schedules |
| <input type="checkbox"/> Athletic Records | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Social Media / Digital Records | <input type="checkbox"/> Driving Record |

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 for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

Full Name (Typed or Printed)		Social Security Number *		Date of Birth (MM/DD/YY)
Current Address	City	State	Zip Code	Telephone Number
Driver License Number				State Issuing
SIGNATURE				Date

***NOTE:** This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.