

AUTHORIZATION FOR RELEASE OF INFORMATION

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 following histories and records.

- Employment History
- Criminal History
- Financial / Credit
- Academic Records / School Counseling Records
- Athletic Records
- Social Media / Digital Records
- Attendance Records
- Personal History
- Disciplinary History
- Mortgage Records & Payment Schedules
- Utility Bills
- 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 (First, Middle and Last)		Social Security Number *		Date of Birth (MM/DD/YY)
Current Address	City	State	Zip Code	Telephone Number
Driver License Number				State Issuing
Signature (Handwritten Required)				Date

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