AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any representative of the Michigan State Police with this authorization to obtain information from your records or other sources related to my personal background, including but not limited to the following:

- 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 release you and your organization, including its officers, employees, and representatives, from any and all liability for damages of any kind that may result to me, my heirs, family, or associates from complying, or attempting to comply, with this authorization. If you have any questions about the validity of this authorization, please contact me at the information below.

This authorization remains valid until revoked by me in writing. Photocopies carry 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.