

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the _____ (law enforcement agency) bearing this Authorization to obtain information from your files or other sources pertaining to me and/or my minor child(ren) _____ including, but not limited to, the histories/records checked below:

- | | |
|---|---|
| <input type="checkbox"/> EMPLOYMENT HISTORY
<input type="checkbox"/> CRIMINAL HISTORY
<input type="checkbox"/> FINANCIAL/CREDIT
<input type="checkbox"/> ACADEMIC RECORDS
<input type="checkbox"/> ATHLETIC RECORDS
<input type="checkbox"/> ACHIEVEMENTS
<input type="checkbox"/> ATTENDANCE RECORDS | <input type="checkbox"/> PERSONAL HISTORY
<input type="checkbox"/> DISCIPLINARY ACTIONS
<input type="checkbox"/> MORTGAGE RECORDS & PAYMENT SCHEDULES
<input type="checkbox"/> UTILITY BILLS
<input type="checkbox"/> DRIVING RECORD
<input type="checkbox"/> MEDICAL RECORDS (MENTAL OR PHYSICAL INCLUDING DIAGNOSIS & PROGNOSIS, IF ANY) |
|---|---|

I hereby authorize you to release such information upon the request of the bearer. This authorization is executed with the full knowledge and understanding that the information is for official use by the _____ (law enforcement agency).

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: (print)	SS#	DATE OF BIRTH
CURRENT ADDRESS		PHONE
DR LIC#		STATE ISSUING
SIGNATURE		DATE

WITNESS NAME: (print)	
CURRENT ADDRESS	PHONE
SIGNATURE	DATE