

**AUTHORITY TO RELEASE CRIMINAL & DRIVING  
INFORMATION FOR SCREENING FOR WORK WITH CHILDREN**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any investigator or other authorized representative of the \_\_\_\_\_ bearing this release, or a copy thereof, within one year of its date, to obtain any information contained in your files pertaining to: complaints in which I was the subject of a criminal investigation, arrest, summons or other legal action taken by your department or any other department whose files you may have access to. This release is executed with my full knowledge and understanding that the information is for the official use of \_\_\_\_\_. Consent is also granted for \_\_\_\_\_ to furnish such information, as cited above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, both individually or collectively, from any and all liability for damages, whatever the nature, which may at any time result to me, my heirs, my family or my associates because of compliance with this authorization to release information, or any attempt to comply with it. I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by statute or regulation. I have been advised that \_\_\_\_\_ will utilize this number only to facilitate the location of records concerning me which are applicable to this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

**FULL NAME**

\_\_\_\_\_

Last

First

Middle

**OTHER NAMES USED:**

\_\_\_\_\_

**DATE OF BIRTH**

\_\_\_\_\_

Month

Day

Year

**SOCIAL SECURITY NO.**

\_\_\_\_\_

**CURRENT ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO.**

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_ **DATE** \_\_\_\_\_