

Criminal Record Release Authorization

I hereby authorize the release of my criminal record information to the requesting organization/individual as specified below.

Personal Information

Full Name:

Date of Birth:

Current Address:

Requesting Organization/Individual

Name:

Purpose of Release:

I certify that the information provided above is true and correct to the best of my knowledge. I understand that this authorization is valid for the purpose specified and may be revoked at any time by submitting a written request.

Signature:

Date: