

# 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:	<input type="text"/>
Date of Birth:	<input type="text"/>
Current Address:	<input type="text"/>
Requesting Organization/Individual	
Name:	<input type="text"/>
Purpose of Release:	<input type="text"/>

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: