

AUTHORITY TO RELEASE INFORMATION

This release is executed in connection with my application for employment with the United States Probation and Pretrial Services Office for the Western District of Missouri.

I hereby authorize the United States Probation and Pretrial Services Office for the Western District of Missouri to obtain any information pertaining to my educational records including, but not limited to: academic records (including disciplinary records); medical records; credit records; and criminal history records. I hereby direct you to release such information upon request. This release is executed with full knowledge and understanding that the information is for official use. I hereby release you, as the custodian of such records, and any educational institution, medical facility (including repositories of medical records), credit bureau or consumer reporting agency, or law enforcement agency, including its officers, employees, or 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 and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I acknowledge by my signature that I have reviewed this release and consent to a background check, including a current criminal record search.

NAME: _____
OTHER NAMES EVER USED (e.g., maiden name, nickname, etc.)

DOB: _____ **POB:** _____ **SSN:** _____

DRIVER'S LICENSE No.: _____ **STATE:** _____

CURRENT RESIDENCE: _____

AREA CODE/PHONE: _____

DATE: _____
_____ (APPLICANT: SIGNATURE)