DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
Volunteer Background Check

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____
Print: First Middle Last SSN

hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety and Correctional Services, whether the said records are public or private, The intention of this authorization is to provide information which will be utilized for investigation resource material regarding acceptance into the Department of Public Safety and Correctional Services (Department)Volunteer Program. Information obtained shall be maintained in your volunteer services file.

I authorize the full and complete disclosure of the records of educational institutions and the Motor Vehicle Administration; employment and reemployment records including background investigation reports, efficiency ratings, accidents or injuries sustained in the course of employment; and any and all records of any arrest, conviction, or incarceration.

I further understand that refusal to provide access to the above mentioned records, may delay or prevent my acceptance in the Department Volunteer Program. In addition, I understand my right to inspect, amend or correct information contained in my volunteer service file maintained by the Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: _____
MM/DD/YYYY

Driver's License or State Identification Card: _____
(Number and State of Issuance)

_____
Applicant's Signature

_____
Date

_____
Signature of Witness