

AUTHORIZATION FOR RELEASE OF INFORMATION

KIRTLAND COMMUNITY COLLEGE
4800 W 4 Mile Rd, Grayling MI, 49738

I hereby **authorize** business office personnel and/or any sworn officer of Kirtland Public Safety Department bearing this authorization to obtain information from your file or other sources pertaining to my personal background with regard to one of the following:

Criminal History

Driving Records

I hereby authorize release of such information upon the request of the bearer. This authorization is executed with full knowledge and understanding that the information is for official use by Kirtland Community College and/or the Kirtland Public Safety Department.

I hereby release you, the institution or establishment you represent, including its officers, employees, and 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 for release of information, or any attempt to comply with it. Should there be any questions as to the validity of the authorization, you may contact me as indicated below.

This authorization shall continue in effect until revoked by me, in writing, or two years from this date, whichever comes first. A photo copy of the authorization shall have the same force as the original.

FULL NAME (typed or printed)	SOCIAL SECURITY NO.	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PREVIOUS NAME (S) (Maiden name and/or aliases)	RACE	TELEPHONE NUMBER	
DRIVERS LICENSE NUMBER	STATE ISSUING		
SIGNATURE	TODAYS DATE		

FOR HUMAN RESOURCESE OFFICE USE

DATE RECORD CHECKED _____ Driving Record _____ Criminal Record	OUTCOME <input type="checkbox"/> Authorized to drive college vehicles <input type="checkbox"/> Unable to drive college vehicles <input type="checkbox"/> No criminal record <input type="checkbox"/> Criminal record attached	SIGNATURE
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