



AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD INFORMATION

I hereby authorize the following Sheriff's Departments, FBI, Indiana State Repository, and The Background Information Services, Inc., to release to A Rosie Place, any and all information which they may possess regarding any criminal offenses which I may have committed in any of these counties. I recognize that A Rosie Place will use such information to verify the information which I have given in my application for employment. Therefore, I release these entities of any and all liabilities.

[initial] This authorization shall remain in effect for one year from the date on which it was signed, and if hired, authorizes A Rosie Place to repeat all background checks every three years throughout the duration of my employment.

Please check your current and past counties of residence for the last ten (10) years.

- | <u>Indiana</u> | <u>Michigan</u> | <u>County</u> | <u>State</u> |
|-------------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Elkhart | <input type="checkbox"/> Cass | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> LaPorte | <input type="checkbox"/> Berrien | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Marshall | | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> St. Joseph | | | |
| <input type="checkbox"/> Starke | | | |

Signature: _____ Date: _____

Print Name: _____

Date of Birth: _____ Race: _____ Social Security #: _____

Driver's License # and State of Issue: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____