

Criminal Record Release Consent Form

Please read the following information carefully, fill out all required fields, and sign below to authorize the release of your criminal record information.

1. Applicant Information

Full Name (First, Middle, Last):	<input type="text"/>
Maiden Name / Other Names Used:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Social Security Number (or National ID):	<input type="text"/>
Driver's License Number & State:	<input type="text"/>
Current Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

2. Authorization and Consent

I hereby authorize the release of any and all criminal history record information maintained by law enforcement agencies, government registries, or court systems to the requesting organization listed below.

Requesting Organization Name:	<input type="text"/>
Purpose of Request (e.g., Employment, Volunteering):	<input type="text"/>

By signing below, I certify that the information I have provided is true, accurate, and complete. I understand that this information will be used solely for the purpose indicated above and will be kept confidential in accordance with applicable laws.

Please write "I CONSENT" in the box below to acknowledge your agreement:

3. Signature

Applicant Signature (Sign after printing):	<input type="text" value="[Sign Here on Printed Copy]"/>
Date (MM/DD/YYYY):	<input type="text"/>