



Authorization For Release Of Information

I hereby authorize any investigator or duly accredited representative of DataSource bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by DataSource and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me in account of compliance or any attempts to comply, with this authorization.

I acknowledge that a telephone facsimile (fax) or photographic copy shall be as valid as the original.

Applicant's Printed Name

Applicant's Signature

Date