

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize DEAP to conduct a criminal records background check through the Department of Justice, Child/Adult Protective Services, and the Department of Motor Vehicles. Any information obtained will remain confidential.

I hereby authorize the release of information to be gathered through references, previous employers and law enforcement agencies.

I release DEAP and any organization, institution or any other person supplying information, as authorized above, from any liability for damages which may result from furnishing the information requested.

**Print Full Name** \_\_\_\_\_

**Present Address** \_\_\_\_\_

**Any other name(s) used** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

(\*To be signed in front of a Notary)

**\*\*TO BE COMPLETED BY A NOTARY PUBLIC:**

State of Montana  
County of \_\_\_\_\_

Signed or acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name of person signing document)

\_\_\_\_\_  
(Signature of notary)

**MONTANA NOTARIES MUST COMPLETE THE FOLLOWING IF NOT PART OF STAMP AT LEFT**

\_\_\_\_\_  
(Printed name of notary public)

Notary public for the state of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

\*\*\*\*\*

Office Use Only

D.M.V. \_\_\_\_\_ CPS/APS \_\_\_\_\_ Dept. of Justice \_\_\_\_\_

Name of Staff requesting information \_\_\_\_\_

Child/Individual Name \_\_\_\_\_

Program of Service \_\_\_\_\_ Coding \_\_\_\_\_