



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 \_\_\_\_\_ State \_\_\_\_\_

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 \_\_\_\_\_

(9/8/2009)

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Glendive Offices  
120 West Towne  
Glendive, Montana 59330  
(406) 377-4909  
(800) 578-4909  
fax: (406) 377-6927

Skyreach Youth Home  
306 Georgetown Drive  
Glendive, Montana 59330  
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