



# HURON COUNTY SHERIFF'S OFFICE

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**KELLY J. HANSON, SHERIFF**

**LT. JOSH POWELL**  
JAIL ADMINISTRATOR

**DUANE D. MILLER**  
UNDERSHERIFF

**LT. BRIAN WISENBAUGH**  
ROAD PATROL SUPERVISOR

## AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize the police officer bearing this authorization to obtain information from your files or other sources concerning my personal background including, but not limited to, the histories/records checked below:

- |   |   |
|---|---|
| <input type="checkbox"/> EMPLOYMENT HISTORY | <input type="checkbox"/> PERSONAL HISTORY     |
| <input type="checkbox"/> CRIMINAL HISTORY   | <input type="checkbox"/> DISCIPLINARY ACTIONS |
| <input type="checkbox"/> FINANCIAL/CREDIT   | <input type="checkbox"/> MORTGAGE RECORDS     |
| <input type="checkbox"/> ACADEMIC HISTORY   | <input type="checkbox"/> UTILITY BILLS        |
| <input type="checkbox"/> ATHLETIC RECORDS   | <input type="checkbox"/> DRIVING RECORDS      |
| <input type="checkbox"/> ACHIEVEMENTS       | <input type="checkbox"/> MEDICAL RECORDS      |
| <input type="checkbox"/> ATTENDANCE RECORDS |   |

I hereby authorize you to release such information upon the request of the bearer. This authorization is executed with the full knowledge and understanding the information is for official use by a Law Enforcement Agency.

I hereby release you, the institution or establishment you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. Should there be any question as to the validity of this authorization or my intent, you may contact me as indicated below.

This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

Name: \_\_\_\_\_ S.S.N.# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_