

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

University Police Department

AUTHORIZATION TO RELEASE INFORMATION

Print all information

NAME:

CURRENT ADDRESS:

City, State, Zip:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

RACE / SEX:

TELEPHONE NUMBER:

DRIVER'S LIC# / STATE

I hereby authorize The University of Southern Mississippi Police Department to obtain a criminal background check based upon my fingerprints ____ (____), or name ____ (____)

Initial

Initial

and further request the inspection of any and all criminal records information in the possession of or

[Redacted]

[Redacted]

Please specify (e.g Volunteer, Affiliate, etc)

[Redacted]

Department:

Signature

Date

Witness to Signature

Date

[Redacted]

		Type		
		(felony, misdemeanor)		

Criminal History Disclosure:

Have you ever been convicted* of a crime other than a minor traffic violation?

Yes No

If yes, you must disclose for each offense: date, charge, type or offense, city & state, disposition.

Date	Charge	City/State	Disposition (guilty, conditional dismissal)
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(If additional space is needed, include the information below.)

I have carefully read and understand this background check statement and certify that the information provided is accurate.

Printed Name

Date
