AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby empower the Lac Courte Oreilles Tribal Governing Board to obtain criminal history record information for the purpose of employment background investigations.

Signature _____ Date _____

INFORMATION NEEDED TO DO BACKGROUND CHECK:

Full Name: _____

Maiden, former or alias name: _____

Race: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Present Address: _____ Previous Address: _____