

MAINE DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION Background Check

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MAIDEN NAME: _____ OTHER NAME(S) PREVIOUSLY USED: _____

CURRENT STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE NUMBER AND STATE: _____

LAST THREE PREVIOUS ADDRESSES: _____

I, the undersigned applicant, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Maine Department of Corrections, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of employment and pre-employment records, information concerning past work, present work, attendance, evaluations, educational records (including transcripts), military service, criminal records, and any other personal record deemed necessary to verify the information provided in the application or during the selection process. Supplying erroneous information or omitting pertinent information as part of the application process would be sufficient cause for discharge.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Department of Corrections to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Maine Department of Corrections. I understand that all materials pertaining to this background investigation become the property of the Maine Department of Corrections and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and all agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This document expires in two (2) months.

SIGNATURE

DATE