

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]

