

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: