Authorization to Release Information

I, (Please Print Clearly)_____, hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, credit records, criminal law violations, education records, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to **a state agency**. This information is to be used for possible employment with the State of Indiana.

I understand that if the State requests a national check of the Criminal History Records Information Database, I have the following rights:

- **to obtain a copy of any background check report; and**
- **to challenge the accuracy and completeness of any information contained in any such report and obtain prompt determination as to the validity of such challenge before a final determination is made by the State of Indiana.**

I understand that if the State has a business necessity to request a credit history check, I will be provided a separate notice of my rights under the Federal Credit Reporting Act and a separate release form to sign.

I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with the **State** and may be used at any time during my employment with **the State**.

Signature	Date	Male/Female (Circle One)
Street Address	Date of Birth	
City, State, Zip Code	Telephone Number	
Driver's License No. and State	Driver's License Expiration Date	
Other Name(s) Used	Social Security Number The State is requesting your SSN under authority IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form will not be processed without it.	