

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Turtle Mountain Community Schools, Personnel Security Consultants, Inc., Background Investigation Bureau, LLC, BIA Division of Personnel Security, North Dakota Bureau of Criminal Investigation (BCI), and Turtle Mountain Tribal Court**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by **Turtle Mountain Community Schools, Personnel Security Consultants, Inc., Background Investigation Bureau, LLC, North Dakota Bureau of Criminal Investigation (BCI), and Turtle Mountain Tribal Court**, only for the purpose of determining my suitability for employment with the **Turtle Mountain Community Schools**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Turtle Mountain Community Schools**, whichever is sooner.

Signature (sign in black ink)		Printed Name First Middle Last		Date Signed
Social Security Number		Email		DOB
Position for which you are being investigated				Primary Contact Number ()
Current Address	City	State	Zip Code	Secondary Contact Number ()

Information contained in this document is for Official Use Only.