

LA PORTE COUNTY JUVENILE SERVICES CENTER

AUTHORITY TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_, do hereby authorize the La Porte County  
(Printed applicant's name)  
Juvenile Services Center and its designated representatives to conduct an appropriate background investigation including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust and security. I authorize any person who may have information relative to this investigation to disclose same to the La Porte County Juvenile Services Center or its representatives. I also release any person from any form of liability for such disclosure.

REQUEST FOR INFORMATION FOR BACKGROUND INVESTIGATION SHALL BE TO:

Any person, any past or present employer, or credit reporting agency, banks, financial institutions, credit unions, or any credit extending organization.

Any department of City, State, County, or Federal Government, or its agencies.

Any Doctor, Hospital, or Medical Clinic.

Any Principal, Dean/Counselor, or person authorized to release information at a High School, College, University, or other institution of learning.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

RACE : \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITY/STATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_