

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY REQUEST AND AUTHORIZE THE **KANSAS BUREAU OF INVESTIGATION** TO FURNISH SEDGWICK COUNTY WITH CRIMINAL HISTORY INFORMATION DEFINED WITH K.A.R. 10-1-1 (B), (C), AND (D).

I VOLUNTARILY WAIVE ALL RIGHTS OF RECOURSE AND RELEASE YOU FROM LIABILITY FOR COMPLIANCE WITH THIS AUTHORIZATION.

PLEASE PRINT INFORMATION

FULL NAME: _____
 LAST FIRST MIDDLE (Jr., Sr., III...)

ALIAS/MAIDEN NAME: _____

CURRENT ADDRESS: _____
 STREET CITY STATE ZIP

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SS#: _____

Height: _____ Weight: _____ Occupation: _____

PLACE OF BIRTH: _____
 (City, State of Foreign Country)

DATE: _____ SIGNATURE: _____