

RELEASE OF INFORMATION AND WAIVER OF LIABILITY

To: MICHIGAN and/or INDIANA State Police Initial_____

CASS COUNTY SHERIFF DEPARTMENT Initial_____

_____ Initial_____

(Any other law enforcement agency, as deemed necessary)

Name:_____

Also Known As:_____

(Example: maiden name, previous married name)

Date of Birth:_____ Social Security Number:_____

Address:_____

Street

City

State

I, _____, hereby authorize the release of ALL RECORDS relating to ANY arrests, allegations, or convictions from criminal offenses. This information is necessary as part of a background investigation for volunteering with the Cass County, Michigan Court Appointed Special Advocate (CASA) program. Please send or release the requested information to the CASA Executive Director, 120 N. Broadway, Suite 215, Cassopolis, Michigan. This information will be held in strict confidence and will not be released to any other department or source without my expressed written consent.

A copy of this Release of Information and Waiver of Liability shall indemnify and hold harmless any agency, unit of government or employee for the release of the information I am requesting. Furthermore, I recognize that this Release and Waiver is being sent to the agencies listed above which bear my initials next to the agency name.

Dated:_____ Signature:_____

Witnessed by:_____