

NOTICE AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND CHECK

County of Perry, Indiana *an Equal Opportunity Employer*

I, _____ respectfully request and authorize _____
to complete a criminal background check. This information is to be used in the course of my application
for employment with the County of Perry. I hereby release _____, the County of Perry
and any organization assisting with the application process from any liability or damages which may
result as a result of furnishing the information requested.

Signature of Applicant

Date

Print Full Name

Social Security Number

Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)

Current Address

City/State/Zip

Driver's License No.

State

email address