

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment with the Missoula Area Education Cooperative. I hereby expressly authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in Section 44-5-103(3), MCA**, to the staff of the Cooperative and its agents.

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted or adjudicated\* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the Cooperative and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to the completion of the fingerprint background check.

\* *Adjudication B A passing of judgment of a court of law or decision of a judge.*

I hereby release the Cooperative and any organization, company, institution, or person furnishing information to the Cooperative and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print full name: \_\_\_\_\_

Print full address: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STATE OF MONTANA )

: ss.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, a Notary Public for the state of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed for the purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

( S E A L )

\_\_\_\_\_  
[name]  
NOTARY PUBLIC for the State of Montana  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_