AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Oklahoma Department of Corrections with any and all information they may request concerning my work record, educational history, military record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for volunteer status with the Oklahoma Department of Corrections. This authorization is valid as long as I am a volunteer with the Oklahoma Department of Corrections.

I hereby release you and your organization from any liability of damage that would result from furnishing the information requested above.

_____ _____

SIGNATURE OF APPLICANT DATE

To The Applicant:
Due to the nature of the work for which you have applied, we may need to check records pertaining to your background. To properly verify your identity, please complete the following information:

Date of Birth:_____ Sex: Male Female
Month/Day/Year

Race or Ethnic Group: White _____ Black _____
American Indian _____ Hispanic _____
Asian _____ Other _____