

UNIVERSITY *of* INDIANAPOLIS®

Authorization to Release Information

I hereby request the University of Indianapolis obtain a Limited Criminal History Check, check of the Indiana Sex and Violent Offender Directory, and/or Driver's License Check in my behalf.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations for all claims, of any nature as a result of said communication or disclosure.

Information to be disclosed:

- Criminal History Records _____
 Driver's License Records _____
 Indiana Sex and Violent Offender Directory Records _____

These records will be retained on file at the University of Indianapolis. A \$10 handling fee will be due at the time of the request. Payments may be made in the *University Police Department* located in Schwitzer Center 001 or in the Accounting office located on the first floor of Esch Hall. If payment is made in the Accounting Office, the receipt must be taken to the University Police Department before the information check will be initiated. Checks may be made payable to the University of Indianapolis.

First Name (*print*) _____ MI _____ Last Name _____

Signature/ Date _____

Birthdate, using the format: month/day/year ____/____/____

Local Street Address _____

City _____ State _____ Zip Code _____

Length at this address _____ Local Telephone No. _____

Previous Address _____

SSN ____-____-____ DLN (Driver's License No.) _____

Major _____

Sex* _____ Race** _____

*Male, Female, Unknown.

**American Indian/Alaskan; Asian/Pacific Islander; Black/Multi-racial, White, Unknown. These items are optional, but do appear on the Limited Criminal History Report.

Have you ever been convicted of a felony Yes No

If you have been convicted of a felony?

What was the conviction? _____

When was the date of the conviction? _____

What state and county were you convicted in? _____

Witness _____ Date _____

***This authorization is valid for one year from date of signature.