

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 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

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, we ask you to complete the following information:

Date of Birth: _____ Sex: Male _____ Female: _____

Month/Day/Year

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