



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize DEAP/Lifespan Respite to conduct a criminal records background check through the Department of Justice, Child/Adult Protective Services, and the Department of Motor Vehicles. Any information obtained will remain confidential.

I hereby authorize the release of information to be gathered through references, previous employers and law enforcement agencies.

I release DEAP/Lifespan Respite and any organization, institution or any other person supplying information, as authorized above, from any liability for damages which may result from furnishing the information requested.

Print Full Name _____

Present Address _____

Any other name(s) used _____

Social Security Number _____

Birth Date _____ Male _____ Female _____

Driver's License Number _____

Signed: _____ Date _____

(*To be signed in front of a Notary)

****TO BE COMPLETED BY A NOTARY PUBLIC:**

State of Montana
County of _____

Signed or acknowledged before me on _____ by _____
(Date) (Name of person signing document)

(Signature of notary)

MONTANA NOTARIES MUST COMPLETE THE FOLLOWING IF NOT PART OF STAMP AT LEFT

(Printed name of notary public)
Notary public for the state of _____
Residing at: _____
My commission expires: _____

Office Use Only

D.M.V. _____ CPS/APS _____ Dept. of Justice _____

Name of Staff requesting information _____

Program of Service _____ Coding _____