

\_\_\_\_\_  
(date)

To: Attorney General's Office

Attn: Administration Division

Re: Authorization to Release

I hereby acknowledge that the Criminal History Clearance that is subject for release may contain confidential and privileged information in my name. I give my full consent and authorization to release the Criminal History Clearance to \_\_\_\_\_.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature/Date

Received by:

\_\_\_\_\_  
Authorized Person's Name (Print)

\_\_\_\_\_  
Authorized Person's Signature/Date