

RELEASE OF INFORMATION

TO: Whom It May Concern
FROM: Mississippi Department of Human Services

For Division of Program Integrity Use Only	
Sex Offender Registry	
Findings Yes _____	No _____
Child Abuse Central Registry	
Findings Yes _____	No _____
Mississippi Justice Information Center (MJIC)	
Findings Yes _____	No _____
National Crime Info. Center/Fingerprint (NCIC)	
Findings Yes _____	No _____
Approved _____	Disapproved _____

The Mississippi Department of Human Services is conducting a background check to verify information which I have provided in conjunction with my application for employment in the following county in the State of Mississippi: _____.

In order that the investigation may be completed, I hereby authorize the Mississippi Department of Human Services and any of its designated employees to receive and collect information from any previous employer, law enforcement agency, educational institution, the Child Abuse Registry, or persons named by me as references.

(Please print or type below)

Applicant's Complete Name	Social Security Number	Drivers License Number
Street Address		Date
City, State, and Zip Code		Race and Sex

(Please sign your legal name below)

Applicant's Signature	Date	Signed
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