

# NOTICE AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND CHECK

County of Howard, Indiana  
an Equal Opportunity Employer  
*Please answer all questions*

I, \_\_\_\_\_ respectfully request and authorize  
to complete a criminal background check. This information is to be used in the course of my application for  
employment with the County of Howard. I hereby release \_\_\_\_\_, the County of Howard  
and any organization assisting with the application process from any liability or damages which may result of  
furnishing the information requested.

Signature of Applicant:

Date:

Print Full Name:

Social Security Number:

Date of Birth:

*(Note: date of birth is requested in order to obtain accurate retrieval of records)*

Current Address:

City/State/Zip:

Driver's License No:

State: