



*AUTHORIZATION for RELEASE of  
CRIMINAL RECORD INFORMATION*

301 E. 8th STREET SUITE 110  
MICHIGAN CITY, IN 46360  
219-872-9117  
FAX 219-872-9118

I \_\_\_\_\_ hereby authorize LaPorte County Sherriff's Department to release to LaPorte County Meals on Wheels any and all information which they may possess regarding any criminal offenses or arrests. I recognize that LaPorte County Meals on Wheels will use such information to verify the information which I have given in my application for volunteering. Therefore, I release the LaPorte County Sherriff's Department, Officers and employees of any and all liabilities. This authorization shall remain in effect for one year from the date on which it was signed.

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(PRINT) LAST NAME                      FIRST NAME                      MIDDLE NAME

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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SIGNATURE

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DATE