AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN

I understand that the Arkansas State Police for the Arkansas Board of Private Investigators and Private Security Agencies will conduct a thorough background investigation before rendering a final decision regarding my eligibility for licensure and/or registration and this investigation will include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police and the Arkansas Board of Private Investigators and Private Security Agencies and I do, hereby, give my consent and authority that any information and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board or commission in open hearing or court in any judicial or administrative proceeding .

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

NOTE: THIS RELEASE IS VALID AS LONG AS I AM UNDER THE JURISDICTION OF THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES (ARKANSAS CODE ANNOTATED 17-40-101 ET. SEQ.)

A COPY OF THIS AUTHORITY TO RELEASE SHALL SERVE IN PLACE OF THE ORIGINAL.

PLEASE TYPE
FULL NAME:_____

CURRENT ADDRESS:_____

_____

TELEPHONE NUMBER:_____

SIGNATURE:_____

State of)
) §
)
County of)

Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid, this the _____day of _____, 20_____.

_____
Notary Public