



**Mississippi Department of Public Safety**

Mississippi Bureau of Investigation

Criminal Information Center

3891 Highway 468W

Pearl, MS 39208 Ph: (601) 933-2600

**AUTHORIZATION TO RELEASE INFORMATION**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE / SEX: \_\_\_\_\_ / \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I authorize and consent to release a (fingerprint) or (name) based background check to

\_\_\_\_\_  
(Name of organization) (Street Address) (City) (State) (Zip)

and request the inspection of **any and all criminal records information** in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

By giving the above-described release, I hereby waive any and all claims or liability for compliance which I may now have or may have in the future against the State of Mississippi, the Mississippi Department of Public Safety and the Mississippi Justice Information Center, it's employees and agents, concerning said information, and do hereby indemnify the State of Mississippi, the Mississippi Department of Public Safety and the Mississippi Justice Information Center, its employees and agents, against any and all future actions with reference to the release of the above-described information and the circumstances surrounding the same.

\_\_\_\_\_  
Signature Date Money Order Number

\_\_\_\_\_  
Witness to Signature Date

Submit this form with a \$32 money order for each request to:

Mississippi Department of Public Safety  
**Attn: CIC/Background Checks**  
3891 Highway 468 West  
Pearl, Mississippi 39208