MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO RELEASE INFORMATION

Mississippi Background Inquiry **CIC POLICY: 9.006**

THIS FORM MUST BE **COMPLETED** AND **SIGNED.** (MUST BE PRINTED AND LEGIBLE) (PLEASE PROVIDE A COPY OF YOUR STATE ID OR DRIVER LICENSE)
IF THE CRIMINAL BACKGROUNO CHECK RESULTS ARE TO BE RELEASED TO A THIRD PARTY, YOU MUST PROVIDE THE THIRD PARTY NAME AND MAILING ADDRESS IN BLOCKS 11, 12, 13, 14 & 15.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU MUST PROV1DE A FAX NUMBER IN BLOCK 16.

SUBMIT THIS FORM WITH A $32.00 MONEY ORDER TO: MONEY ORDER #	**MS DEPARTMENT OF PUBLIC SAFETY** **ATTN: CIC/BACKGROUND CHECKS** **3891 HIGHWAY 468WEST** **PEARL, MISSISSIPPI 39208**

REASON FOR CRIMINAL BACKGROUND CHECK: ___ADOPTION __ IMMIGRATION __ OTHER

1. NAME (LAST,FIRST & MIDDLE INITIAL)		2. ADDRESS		
3. CITY		4. STATE		5. ZIP CODE
6. SOCIAL SECURITY NO.	7. DOB (YYYYMMDD)	8. RACE	9. SEX	1Â. PHÔNE NO.

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

11. NAME (LAST,FIRST & MIDDLE INITIAL) **Defense Counterintelligence and Security Agency (DCSA)**	12. ADDRESS **PO Box 618, 1137 Branchton Road**		
13. CITY **Boyers**	14. STATE **PA**	15. ZIP CODE **16018**	16. FAX NO. **724-794-1602**

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, IT'S 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

State of _____ County of_____

Signed and sworn (or affirmed) before me on_____[date] by_____[name(s) of person(s) making statement].

[Seal] My Commission Expires:_____Notary Signature _____

RESULTS OF INQUIRY (MDPS/CIC USE ONLY):