



SERVING NORTHERN MICHIGAN SINCE 1977

**RELEASE OF INFORMATION**

APPLICANT: We ask that you sign this release form so that we may request information pertinent to your background.

RELEASE: Having made application to become a volunteer for the Women's Resource Center of Northern Michigan, Inc.(WRCNM) and desiring them to be informed as to my background and character, I hereby authorize the WRCNM to investigate my past record. This information will consist of checking any and all job references, personal references, case records that may be on file with WRCNM Programs, State of Michigan Protective Services, Michigan State Police Records Bureau, and the U.S. Department of Justice Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking. I release all persons whomsoever from any damage because of furnishing said information.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
(Please print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If you are known by another name and/or have a maiden name, we would also need that information:  
\_\_\_\_\_

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

PREVIOUS ADDRESS: \_\_\_\_\_

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

RACE (please circle one):

- |                  |                |                 |
|------------------|----------------|-----------------|
| African American | Asian Islander | Caucasian       |
| Pacific Islander | Hispanic       | Multiracial     |
|                  |                | Native American |

ICHAT \_\_\_\_\_ MSP \_\_\_\_\_ FED \_\_\_\_\_ ACCESS \_\_\_\_\_ DA/MCL \_\_\_\_\_