MIDLAND COUNTY

RELEASE OF INFORMATION

Full Name: _____
First Middle Last

Sex: ☐ Male ☐ Female

Position Applied For: _____

Birthdate: _____
Month Day Year

Driver's License Number: _____

Driver's License Issued By What State? __MI _____

Social Security Number: _____

****

I, _____, hereby give permission to have my criminal history and driving record investigated.

_____ _____
Signature Witness

_____ _____
Date Date