Release Authorization Form

l,		_, authorize Michigan State
Police to release all criminal purpose of securing background	/arrest information to The	Dock Ministries for the
activities at The Dock Minist	• • •	voidineers involved in
The search is being complet	ed on:	
Full Name:		
First	Middle	Last
Maiden Name:		
Date of Birth:		
Current Address:		
Phone Number:		
Signature:		
Today's Date:		

The information provided to The Dock Ministries pursuant to this release authorization is confidential information. It is provided solely to The Dock Ministries and may not be released to any other person or organization without the written consent of the authorizing party.

***Please return this form to the director or administrative assistant for processing once completed.