

AUTHORIZATION TO RELEASE INFORMATION
PRIVATE PERSON OR ORGANIZATION
TO PROBATION OFFICE

TO WHOM IT MAY CONCERN:

I, _____ SSN # _____ the undersigned, hereby authorize the United States Probation Office for the Western District of North Carolina or its authorized representatives or employees, bearing this release of copy thereof, to obtain any information in your files pertaining to my:

- Criminal Record:
- Date of Birth: ____/____/____
- Credit Report:
- Educational Records
- Driver's License (State: _____ and #: _____)
- Previous Employment (if necessary)

I hereby direct you to release information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use. The information obtained by the aforementioned probation office is to be used only for the purpose of student internship application process.

- LEAVE BLANK UNTIL DIRECTED TO COMPLETE BY U.S. PROBATION STAFF -

Authorizing Signature

Full Name-Printed

Date

WITNESS –

U. S. Probation Officer

Date