Mississippi Bureau of Investigation
Mississippi Criminal Information Center
3891 HWY 468 WEST PEARL, MS 39208

AUTHORIZATION TO RELEASE BACKGROUND INFORMATION

THIS FORM MUST BE **COMPLETED**, **SIGNED**, AND **PRINTED** LEGIBLE. **(PLEASE PROVIDE A COPY OF YOUR STATE ID OR DRIVER LICENSE)**
NOTE: ALL BACKGROUND CHECKS MAY TAKE UP TO 30 DAYS TO BE COMPLETED.

IF THE CRIMINAL BACKGROUND 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** PROVIDE A FAX NUMBER IN **BLOCK 16**.

SUBMIT THIS FORM WITH A $32.00 MONEY ORDER TO: MONEY ORDER #	**MS BUREAU OF INVESTIGATION** **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** ☐ Male ☐ Female	**10. PHONE NO.**

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

11. NAME (LAST, FIRST & MIDDLE INITIAL)	**12. ADDRESS**		
DSS - Office of Licensing & Accreditation	910 E Sioux Ave		
13. CITY	**14. STATE**	**15. ZIP CODE**	**16. FAX NO.**
Pierre	SD	57501	605-773-7294

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, THE MISSISSIPPI BUREAU OF INVESTIGATION, 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, THE MISSISSIPPI BUREAU OF INVESTIGATION, 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 _____ [names(s) of person(s) making statement}.

[Seal] My Commission Expires: _____ Notary Signature _____