

REQUEST FOR AND CONSENT TO RELEASE INFORMATION

Following information will be used to complete Criminal History Records Check and Driver's License Check

GIVEN NAME AS PRINTED ON DRIVER'S LICENSE (Please print legibly):

(LAST) (FIRST) (MIDDLE)

ADDRESS:

(Street or Mailing Address)

(CITY) (STATE) (ZIPCODE)

SEX: ____ Male ____ Female

RACE: ____ Asian ____ Black ____ Hispanic ____ Native American ____ Unknown ____ White

DATE OF BIRTH: ____ - ____ - ____

DRIVER'S LICENSE NUMBER: ____ - ____ - ____

INVESTIGATION WAIVER

I do hereby certify by my signature below, that I do request full and complete details of any/all records that I may have with any Police Department, Sheriff's Office, or any State or Federal Law Enforcement Agency, any Court or any School which I have attended, to be furnished to Western Technical College in any matters appearing below:

- 1) Record of any medical treatment or history of treatment for nervous or mental illness
- 2) Driving record
- 3) Employment record
- 4) Record of any arrests, convictions, or incidents involving police investigations
- 5) Transcripts of scholastic record
- 6) Record of any disciplinary action

I understand any/all information provided in this investigation will remain strictly confidential to authorized personnel only.

PLEASE PRINT LEGIBLY.

Name _____ Signature _____

Date _____

Witness _____ Signature _____ Date _____

(NOTE: Should the applicant be a minor, the witness must be a parent or guardian.)

It is the policy of Western Technical College to comply with federal and state law prohibiting discrimination in student admissions or treatment of students or employees on the basis of race, color, creed, sex, age, national origin, marital status, handicap, and status with regard to public assistance or disability.