

AUTHORIZATION FOR RELEASE OF

POLICE INFORMATION AND MOTOR VEHICLE RECORD

TO: The Sheriff of Saginaw County.

I, do hereby voluntarily authorize the Sheriff of Saginaw County or his agent, to release any or all criminal history and motor vehicle records or information, pertaining to myself, to the County of Saginaw Office of Emergency Services, for the expressed purpose of determining motor vehicle record, criminal convictions, and felonies pending.

I, hereby voluntarily release and forever hold harmless the Sheriff of Saginaw County, the Director of Emergency Services, and the County of Saginaw, and/or their agents whichever, from any and all damage, injury, or cause of action whatsoever arising out of the furnishing or official use of any such criminal history and motor vehicle record or information.

Dated this _____ day of _____, 20_____.

X _____ x _____
Witness Signature

Please Print

Name _____ Race _____

Date of Birth _____ Sex _____

Social Security No. _____

Drivers License No. _____