

**Saginaw County**  
**Authorization for Release of Police Information and Motor Vehicle Record**

To: 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 Directory 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\_\_\_\_\_

\_\_\_\_\_  
Witness Signature

**Please Print**

Name: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_