



**CONFIDENTIAL INFORMATION RELEASE AGREEMENT FORM**

I, \_\_\_\_\_, do hereby authorize a release of and full disclosure of all  
(Print full name)  
records, or any part thereof, concerning myself, to any duly authorized person of Northeastern State University, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for enrollment at Northeastern State University.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Please provide date(s) and location(s) of your offense(s) as well as any aliases: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

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

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_