

**NEWAYGO COUNTY
AUTHORIZATION FOR RELEASE OF
CRIMINAL HISTORY RECORD**

I, the undersigned, have been informed by the Newaygo County Circuit Court, that certain information is privileged and cannot be released without my consent.

Understanding this, I consent to the Newaygo County Circuit Court, or any representative thereof, to seek information regarding any prior criminal and/or driving offenses that may be available through public documents, the Law Enforcement Information Network (LEIN), or other resources that are an acceptable means for obtaining criminal history records of an individual.

It is my understanding that any and all information obtained by the Newaygo County Circuit Court will be maintained confidential.

I am willing that a copy of this authorization be accepted with the same authority as the original.

Signature

Full Name (please print)

Previous and/or Maiden Name(s)

Social Security Number

Drivers License Number

Date of Birth