



Kansas State School for the Blind

<u>AUTHORITY TO RELEASE INFORMATION</u> <u>ALCOPS, Inc. - A Division of the Orion Group, Inc.</u>

I hereby request and authorize any officer, and/or authorized representative of the Kansas State School for the Blind (KSSB) and of ALCOPS, Incorporated bearing this release, or copy thereof to obtain any information pertaining to my employment history, residency, military duty, criminal records, or educational records, including but not limited to, academic achievement, attendance, personal history pertaining to employment, disciplinary records, and complete residence history. I hereby direct you to release such information upon request by ALCOPS Inc. and/or KSSB. This release is executed with full knowledge and understanding that the information is for official use of ALCOPS, Inc. and it's client, KSSB. Consent is granted for KSSB and/or ALCOPS, Inc. to furnish such information, as is described above, to third parties (such as the Kansas Bureau of Investigation, etc...) in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, employer, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with the authorization and request to release information. I understand that I may be required to drive State vehicles for official business, therefore, I hereby authorize ALCOPS, Inc. to obtain any information pertaining to my driving record. Should there be any question about the validity of this release, you may contact me as indicated below.

Print Full Name:					
	(Last)	(First)	(M	(Middle Name)	
Any Other Name Used (i.e. AK			_ Race:		
Social Security Number:		Date of Birth:		Sex: M / F (circle)	
Current Address:					
Previous Address:					
Previous Address:					
Driver's License #:		State Issued:		Expired: Y / N (circle)	
Signature:		Γ	ate of Signatur	·e:	
Return Completed form to:	John Martello, H	Juman Resources Directo	or		
	· · · · · · · · · · · · · · · · · · ·	hool for the Blind			
	1100 State Aven	ue			
	Kansas City, KS	66102-4486			
	Voice (913) 281	-3308 x 308			
	Secure Fax (913				
KSSB Office Use Only: ALC	COPS Fax 1-800-252-	-4060 or (913) 362-5859	ALCOPS V	oice 1-800-345-7347	
Social Security Verification	X Missouri Crin	minal Statewide	Kansas Crimit	nal Statewide	
DMV FBI/Homelan	nd Security <u>X</u>	All Local County Juris	dictions with pa	ast Residency <u>X</u>	

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