



AUTHORIZATION TO RELEASE INFORMATION

Name _____
Last First Middle Name Maiden Name

List all other names that you have used or been known by _____

Current Address _____
Street Address or P.O. Box City State Zip Code

Date of Birth _____ Place of Birth _____
Month/Date/Year City State/Country

Country of Citizenship _____ Social Security # _____ Phone # _____

Sex Male Race White Black Height _____ Weight _____
Female Hispanic Asian Hair Color _____ Eye Color _____
Other _____

Driver's License # _____ State _____ Email Address _____

Name of Spouse _____ Applicant _____
Supervisor/Judge

Emergency Contact _____ Contractor _____
Company name

Emergency Contact Phone _____

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby authorize the Office of the Clerk of the United States District Court for the Northern District of Illinois or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my employment, education records (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), financial records and criminal records (including history of vehicle violations). This data will be used as part of the criminal background investigation process of your appointment to the Court.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States District Court Clerk's Office official use.

I hereby release you, as custodian of such records, and school, college, or university, or other educational institution; hospital or other repository records; social service agency; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from and all liability for damages of whatever kind which may at any time result to me, my heirs, family, because of compliance with this authorization and request for information or any other attempt to comply with it.

I hereby waive my rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the Clerk's Office, United States District Court for the Northern District of Illinois, or its authorized representative(s) or employee(s), and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Clerk's Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or any rights I may have to an accounting of such disclosure to the aforementioned Clerk's Office.

SIGNATURE FOR AUTHORIZATION

Authorizing Signature - Full Name _____ Date _____ Received By - Name of Court Official _____ Date _____