

FOR OFFICIAL USE ONLY

MISSISSIPPI

REQUIRED FORMS

- Mississippi Department of Public Safety Authorization to Release Information Form
- Copy of State ID or Driver's License

INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Mississippi Department of Public Safety Authorization to Release Information Form and provide a copy of Photo ID. This form is required to search the Mississippi State Criminal Repository and fulfill the requirements of Public Law 101-647.

REQUIRED FIELDS

- Please ensure all required fields on the form are complete, otherwise, this could result in a return of the form from the state repository
- Reason for Criminal Background Check: "Other", Full Name (Last, First, Middle Initial), Address to include City, State, Zip Code, Social Security Number, DOB (YYYYMMDD), Race, Sex, Phone Number, Signature of Subject and Date signed.
*****Please note: this form must be notarized and the subject's signature date must match the date of the notary's date.**

Also include a copy of the Subject's Photo identification.

SIGNATURE REQUIREMENTS

- Subject is required to sign the request form in front a notary public.

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**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO RELEASE INFORMATION**

Mississippi Background Inquiry

CIC POLICY: 9.006

THIS FORM MUST BE COMPLETED AND SIGNED. (MUST BE PRINTED AND LEGIBLE) (PLEASE PROVIDE A COPY OF YOUR STATE ID OR DRIVER LICENSE)
IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE RELEASED TO A THIRD PARTY, YOU MUST PROVIDE THE THIRD PARTY NAME AND MAILING ADDRESS IN BLOCKS 11, 12, 13, 14 & 15.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU MUST PROVIDE A FAX NUMBER IN BLOCK 16.

SUBMIT THIS FORM WITH A \$32.00 MONEY ORDER TO:	MS DEPARTMENT OF PUBLIC SAFETY ATTN: CIC/BACKGROUND CHECKS 3891 HIGHWAY 468WEST PEARL, MISSISSIPPI 39208
MONEY ORDER # _____	

REASON FOR CRIMINAL BACKGROUND CHECK: ADOPTION IMMIGRATION OTHER

1. NAME (LAST, FIRST & MIDDLE INITIAL)		2. ADDRESS		
3. CITY		4. STATE	5. ZIP CODE	
6. SOCIAL SECURITY NO.	7. DOB (YYYYMMDD)	8. RACE	9. SEX	1A. PHONE NO.

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

11. NAME (LAST, FIRST & MIDDLE INITIAL) Defense Counterintelligence and Security Agency (DCSA)		12. ADDRESS PO Box 618, 1137 Branchton Road		
13. CITY Boyers	14. STATE PA	15. ZIP CODE 16018	16. FAX NO. 724-794-1602	

AND, REQUEST THE INSPECTION OF ANY AND ALL CRIMINAL RECORDS INFORMATION IN THE POSSESSION OF OR ACCESSIBLE BY THE MISSISSIPPI JUSTICE INFORMATION CENTER, INCLUDING, BUT NOT LIMITED TO, ANY PAST HISTORY OF A CRIMINAL OFFENSE(S) FOR WHICH I MAY HAVE BEEN CHARGED OR CONVICTED.

BY GIVING THE ABOVE-DESCRIBED RELEASE, I HEREBY WAIVE ANY AND ALL CLAIMS OR LIABILITY FOR COMPLIANCE WHICH I MAY NOW HAVE OR MAY HAVE IN THE FUTURE AGAINST THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, CONCERNING SAID INFORMATION, AND DO HEREBY INDEMNIFY THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, AGAINST ANY AND ALL FUTURE ACTIONS WITH REFERENCE TO THE RELEASE OF THE ABOVE-DESCRIBED INFORMATION AND THE CIRCUMSTANCES SURROUNDING THE SAME.

SIGNATURE

DATE

State of _____ County of _____

Signed and sworn (or affirmed) before me on _____ [date] by _____ [name(s) of person(s) making statement].

[Seal] My Commission Expires: _____ Notary Signature _____

RESULTS OF INQUIRY (MDPS/CIC USE ONLY):