



AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize an official representative of HumanKind bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies. I understand that the information released is for official use by HumanKind and will be kept in a secure environment according to the Code of Virginia.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Should there be any questions as to the validity of this release, you may contact me as indicated below:

Please Print:

First Name	Middle Name	Last Name	Suffix
Maiden Name	Other Names Used	Other Names Used	Other Names Used
Street Address	City	State	Zip Code

Signature: _____ Date: _____

Phone: _____ Email: _____