Diné College Residence Life
Box C22
Tsaile, Arizona 86556
Phone: 928.724.6782

RESIDENCE LIFE
AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that as a prospective resident of Diné College Residence Life, that you will be requesting information concerning any previous criminal history from various state and private sources along with other public records available.

I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ACCUSEARCH IN AFFILIATION WITH DINÉ COLLEGE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

DATE: _____ Signature: _____

The following must be filled out completely for your application to be considered. (Please print)

_____ _____ _____
Last Name First Name Middle Initial

_____
Current Mailing/Home Address

_____ _____ _____
City State Zip

_____ _____ _____
Date of Birth Driver's License Number Issuing State

OTHER CITIES AND STATES WHERE YOU LIVE OVER THE PAST SEVEN (7) YEARS

City	State	From	To