

Milwaukee County Community Reintegration Center

Chantell Jewell, Superintendent

Milwaukee County

Information Release Authorization

Legal Name – Last, First, MI	DOB	SS #
Street Address	City/State/ZIP	Home Phone
Former Name – if applicable	Work Phone	Cell Phone
Driver's License Number	Sex	Race

To Whom It May Concern:

I authorize any official representative of the Milwaukee County Community Reintegration Center bearing or presenting this release to obtain information and records, including copies of same if requested, pertaining to my personal background whether such information is public or private, favorable, unfavorable, or confidential in nature from any or all of the following sources. This release remains effective until you receive a signed written instructions to the contrary.

1. Records maintained by any law enforcement agency, including but not limited to, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
2. Any Court, Police, Agency, or other location where criminal or misdemeanor records are kept.
3. Present/Former employers, including without limitations all disciplinary records, performance evaluations, sick leave records, or other matters contained in my personnel file maintained by you.
4. All medical records in your possession or in your control, including records of physical and mental examination.
5. Any school college, university, or other educational institution, including peace officer records.
6. Credit Bureau(s).
7. Military record centers.
8. Any Bank institution.
9. Any Local, State, or Federal government agency.
10. Social Security Administration.
11. Landlords, Property Management Companies.
12. Any private citizen who has knowledge of individual.
13. State of Wisconsin, Department of Workforce Development.

Pursuant to section 103.13 of the Wisconsin Statute, demand is hereby made that access, and upon request, copies of all relevant records in your possession, be provided to the bearer of this waiver. I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment, access to the facility or volunteer services with the Milwaukee County. I fully understand that the refusal to grant this authorization will not in itself, constitute a basis for rejection of my application. I release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s.895.50 Wisconsin Statutes (Privacy Act) which may, at any time, result to me, my heirs, family, or associates because of compliance with authorization and request to release information or any attempt to comply with it. The information obtained is used exclusively for the purpose of the Community Reintegration Center and will not be given to any other entity.

Exceptions to this Blanket authorization

1.	2.
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Photocopy of this release will be valid as an original.

(Full)

***Use for applicants and ALL
personnel requesting resident contact.**

Applicants Signature _____ Date _____

Witness Signature _____ Date _____