



To: Concerned Persons or Authorized Representative of Any Organization, Institution or Repository of Records.

I, the undersigned, has applied for employment with Midstate Security and Investigations, LLC. I hereby authorize, for one year, from the date of execution hereof, any official representative of Midstate Security and Investigations, LLC bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal investigations, or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports of other police records in which I may be named for any reason including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these requested records.

I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military records, to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United State Military denoting discharge status or current active military status to any authorized representative of Midstate Security and Investigations, LLC.

Applicant's Name	Applicant's Address	Applicant's Date of Birth	Last Four Digits SSN
Applicant's Signature			

NOTARY PUBLIC

STATE OF _____, COUNTY OF _____, Sworn to (or affirmed) and subscribed before me this _____ day of _____, year _____, by the above named applicant _____.

Signature of Notary Public

Personally Known OR Produced Identification Print, Type or Stamp Commissioned name of Notary Public