



DIocese of GAYLORD

611 West North Street
Gaylord, MI 49735
Phone: 989.732.5147
Fax: 989.705.3589

AUTHORIZATION FOR RELEASE OF RECORDS AND REPORTS

To: _____
(Organization)

Date: _____

(Address)

(City, State, Zip)

You, and all persons associated with you, are hereby authorized to give to the Diocese of Gaylord, or any representatives thereof, a complete report and records received through any criminal background checks through fingerprints, ICHAT or any other means, and copies thereof, and, if they desire to do so, to permit and allow them to examine your original and/or copies of your records and results of any criminal records check relating to me.

Name: _____

Signature: _____

Date of Birth: _____

Witness Signature: _____

Please send the report directly to: Human Resource Office
Diocese of Gaylord
611 West North Street
Gaylord, MI 49735

If you have any questions, please contact Judy Abeel at 989.732.5147.