AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY	CONCERN:		
	the upontana, hereby authorize the aployee(s), bearing this release my:		
X Crimina Employ Educati Driving	ment on Records		
	you to release such informati vledge and understanding that		
whatever kind which	e you, as custodian of such rec may at any time result to me uthorization and request for in	e, my heirs, family, or a	ssociates because of
The Informatio employment.	on hereby obtained is to be us	sed only for the purpose	of consideration for
Authorizing Signature		(Date)	_
Full Name (printed)			
Address:			_
Date of Birth:		-	
Social Security #:		_	
Other names I have been (ie., maiden, married n			