



Dear Applicant,

Thank you for your interest in becoming a Board/Commission member with Manistee County. As part of the application process, we routinely check the background of every applicant.

Please complete the attached AUTHORIZATION TO RELEASE INFORMATION form and return it to the Manistee County Clerk's office along the Application for Boards/Commissions prior to the deadline for the advertised position in which you are applying for.

If you have any questions regarding the application process, please contact the Manistee County Clerk's office at 231-723-3331.

Sincerely,

Michelle Johnson, Manistee County Clerk

## AUTHORIZATION TO RELEASE INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

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TO WHOM IT MAY CONCERN:

I am an applicant for a Board/Commission with Manistee County, hereinafter referred to as "County". The County needs to thoroughly investigate my background to evaluate my qualifications to hold the position for which I applied.

I HEREBY AUTHORIZE Manistee County to perform a check of background including:

- ICHAT State of Michigan Police background check
- Any other police and/or agency records to the extent permitted by State and Federal Law.

For and in consideration of the County's acceptance and processing of my application for appointment to a Board/Commission, I agree to hold the County, its agents, and employees harmless from any and all claims and liability associated with my application for appointment to a Board/Commission or in any way connected with the decision whether or not to appoint me to

a Board/Commission. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the County in conjunction with appointment procedures.

I understand that this authorization is valid until the vacancy is filled, or up to six (6) months unless a written request is submitted to the Clerk to rescind my application. I also understand that all information obtained in the background check process will be kept confidential.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from any and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

Dated: \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_