AUTHORIZATION FOR RELEASE OF INFORMATION

OMB CONTROL NUMBER: TBD

EXPIRATION DATE: TBD

Paperwork Reduction Act Statement -

This collection meets the requirements of 44 U.S.C. § 3507, as amended by the Paperwork Reduction Act of 1995. We estimate that it will take 5 minutes to read the instructions, gather the facts, and answer questions. Send only comments relating to our estimate of time burden to: Office of the Pardon Attorney 950 Pennsylvania Ave, NW, Washington, DC, 20530.

Instructions: Carefully read this authorization, and if you agree, sign and date in ink.

I authorize any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the presentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a government benefit.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes of processing my application for a government benefit, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid and shall remain in effect so long as I am under consideration for federal clemency.

Signature (sign in ink)		
Full Name (type or print legibly)		*Date Signed*
Other Names Used		
Street Address		
City	*State*	*ZIP Code*
Home Telephone Number (include area code)	*Social Security Number*	