



MONTANA  
SCHOOL *for the*  
Deaf & Blind

*giving kids the building blocks to independence*

3911 Central Avenue  
Great Falls, Montana 59405  
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406.771.6164 FAX  
[www.msdb.mt.gov](http://www.msdb.mt.gov)

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment or volunteer assignment with the Montana School for the Deaf and the Blind, Great Falls, Montana. I acknowledge that a complete investigation in to my background is necessary to protect the safety and welfare of the students at MSDB. I hereby expressly and voluntarily give MSDB the right to make a thorough investigation of my past employment, education and activities, I specifically authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of MSBD and its agents. I understand that MSDB reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Montana School for the Deaf and the Blind and any organization, company, institution, or person furnishing information to the School and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

Print full name: \_\_\_\_\_

Print full address: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE DATE

STATE OF \_\_\_\_\_)

County/Parish of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, before me, a Notary Public for the state of \_\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed for the purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

NOTARY PUBLIC for the State of \_\_\_\_\_

County/Parish of \_\_\_\_\_

My commission expires: \_\_\_\_\_

NOTARY SEAL