



KANSAS STATE SCHOOL FOR THE DEAF
OVER A CENTURY OF SERVICE. ESTABLISHED 1861.

450 EAST PARK STREET
OLATHE, KANSAS 66061-5497
TELEPHONE (913) 791-0573
FAX (913) 791-0577

AUTHORIZATION FOR RELEASE OF INFORMATION

Identifying Code No. 902KS3481

I hereby request and authorize the Kansas Bureau of Investigation to furnish the Kansas State School for the Deaf with criminal history information as described in K.S.A. 22-4701 (b), as amended. This includes all information defined with K.A.R. 10-9-1 (b), (c), and (d), as amended.

I voluntarily waive all right of recourse and release the KBI from liability for compliance with this authorization.

PRINT FULL NAME: _____
Last First Middle Name

CURRENT ADDRESS: _____
Street City State Zip Code

ANY OTHER NAMED USED[i.e. AKA/Maiden Name]: (If not, please enter "none")

SOCIAL SECURITY NUMBER: _____ SEX: _____

RACE: _____ DATE OF BIRTH: _____

ADDITIONAL INFORMATION: (If not, please enter "none")

SIGNATURE DATE

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KBI RESPONSE:

