



Missouri State Treasurer's Office Authorization to Obtain Information

I authorize the Missouri State Treasurer's Office to request information concerning my criminal history. I also authorize any organization, individual, and the Missouri State Highway Patrol to obtain this same information on behalf of the Missouri State Treasurer's Office when conducting a background investigation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested.

By my signature below, I acknowledge and understand that the information obtained by the Missouri State Treasurer's Office will be considered and used for the purpose of determining MOScholars home school certification. I hereby release the Missouri State Treasurer's Office from any liability which may or could result from the use of such information in determining program certification.

This authorization shall remain in full force and effect until the Office of the State Treasurer is notified in writing that this release has been revoked by the undersigned individual.

Type or print legibly the following information:

Applicant's Name _____ All Other Names Used by Applicant _____

Date of Birth _____ Social Security Number _____

Current Address _____

Applicant's Signature _____ **Date** _____