

# RELEASE FORM

I hereby authorize Camp Westminster, its agent, DAC Services, or other information providers, to receive any criminal history record, school record, and other information pertaining to me which may be in the files of any state or local criminal justice agency.

Full name printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Sex      Race      DOB      SS#

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a photocopy of your driver's license (or other photo ID) and your Social Security card.