



**DIocese of GAYLORD**

611 West North Street  
Gaylord, MI 49735  
Phone: 989.732.5147  
Fax: 989.705.3589

**AUTHORIZATION FOR RELEASE OF RECORDS AND REPORTS**

To: \_\_\_\_\_  
(Organization)

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

You, and all persons associated with you, are hereby authorized to give to the Diocese of Gaylord, or any representatives thereof, a complete report and records received through any criminal background checks through fingerprints, ICHAT or any other means, and copies thereof, and, if they desire to do so, to permit and allow them to examine your original and/or copies of your records and results of any criminal records check relating to me.

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Please send the report directly to:                      Office of the Bishop  
Diocese of Gaylord  
611 West North Street  
Gaylord, MI 49735

If you have any questions, please contact Candace Neff at 989.732.5147.