



Waiver and Authorization to Release Information

As a requirement for serving on the Council, I _____ give authorization to the Developmental Disabilities Council (DDC) to provide the Washington State Patrol with my personal information for a criminal background check.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be valid as the original.

To Be Completed By The Applicant:

First	Middle	Last	Date of Birth
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Signature	Date
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