



Authorization to Release Criminal History Information

Name: _____

Social Security Number: _____

I authorize _____ to provide Multnomah Education Service District a copy of my Fingerprint-Based Criminal History Verification Form 581-2283. I have not resided outside of Oregon since the date of fingerprinting.

Signature: _____ Date: _____

Please fax a copy of Form 581-2283-M (Rev.8/08) for the person specified above to:

**Multnomah Education Service District
ATTN: Chris Guy, Human Resources**

Fax: 503-257-1715

Thank you.