

**Mississippi Bureau of Investigation  
Mississippi Criminal Information Center  
3891 HWY 468 WEST PEARL, MS 39208**

**AUTHORIZATION TO RELEASE BACKGROUND INFORMATION**

THIS FORM MUST BE COMPLETED, SIGNED, AND PRINTED LEGIBLE. (PLEASE PROVIDE A COPY OF YOUR STATE ID OR DRIVER LICENSE) NOTE: ALL BACKGROUND CHECKS MAY TAKE UP TO 30 DAYS TO BE COMPLETED.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE RELEASED TO A THIRD PARTY, YOU MUST PROVIDE THE THIRD-PARTY NAME AND MAILING ADDRESS IN BLOCKS 11, 12, 13, 14 & 15.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU MUST PROVIDE A FAX NUMBER IN BLOCK 16.

SUBMIT THIS FORM WITH A \$32.00 MONEY ORDER TO: MONEY ORDER # _____	MS BUREAU OF INVESTIGATION ATTN: CIC/BACKGROUND CHECKS 3891 HIGHWAY 468WEST PEARL, MISSISSIPPI 39208
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REASON FOR CRIMINAL BACKGROUND CHECK:     ADOPTION                       IMMIGRATION                       OTHER

<b>1. NAME (LAST, FIRST &amp; MIDDLE INITIAL)</b>		<b>2. ADDRESS</b>		
<b>3. CITY</b>		<b>4. STATE</b>		<b>5. ZIP CODE</b>
<b>6. SOCIAL SECURITY NO.</b>	<b>7. DOB (YYYYMMDD)</b>	<b>8. RACE</b>	<b>9. SEX</b> Male Female	<b>10. PHONE NO.</b>

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

<b>11. NAME (LAST, FIRST &amp; MIDDLE INITIAL)</b> <i>Essential Touchstones, LLC.</i>		<b>12. ADDRESS</b> <i>241 Sunnybrook Road</i>		
<b>13. CITY</b> <i>Ridgeland</i>	<b>14. STATE</b> <i>MS</i>	<b>15. ZIP CODE</b> <i>39157</i>	<b>16. FAX NO.</b> <i>(601) 707-7291</i>	

AND, REQUEST THE INSPECTION OF **ANY AND ALL CRIMINAL RECORDS INFORMATION** IN THE POSSESSION OF OR ACCESSIBLE BY THE MISSISSIPPI JUSTICE INFORMATION CENTER, INCLUDING, BUT NOT LIMITED TO, ANY PAST HISTORY OF A CRIMINAL OFFENSE(S) FOR WHICH I MAY HAVE BEEN CHARGED OR CONVICTED.

BY GIVING THE ABOVE-DESCRIBED RELEASE, I HEREBY WAIVE ANY AND ALL CLAIMS OR LIABILITY FOR COMPLIANCE WHICH I MAY NOW HAVE OR MAY HAVE IN THE FUTURE AGAINST THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY, THE MISSISSIPPI BUREAU OF INVESTIGATION, AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, CONCERNING SAID INFORMATION, AND DO HEREBY INDEMNIFY THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY, THE MISSISSIPPI BUREAU OF INVESTIGATION, AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, AGAINST ANY AND ALL FUTURE ACTIONS WITH REFERENCE TO THE RELEASE OF THE ABOVE-DESCRIBED INFORMATION AND THE CIRCUMSTANCES SURROUNDING THE SAME.

<b>SIGNATURE</b>	<b>DATE</b>
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State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn (or affirmed) before me on \_\_\_\_\_ [date] by \_\_\_\_\_ [names(s) of person(s) making statement].

[Seal]

My Commission Expires: \_\_\_\_\_ Notary Signature \_\_\_\_\_