

**Michigan State Police Association (The Hardship Fund)**  
**RELEASE OF INFORMATION**

*To Whom It May Concern:*

*I hereby authorize any representative of the Michigan State Police Association bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, medical, credit or any other records you may have regarding me.*

*I hereby direct you to release such information upon the request of the bearer.*

*This release is executed with the full knowledge and understanding that the information is for official use of the Michigan State Police Association. Consent is granted for the Michigan State Police Association to furnish such information, as is described above, to third parties in the course of its official responsibilities.*

*I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:*

Full Name (typed or printed)	Social Security No.	Date of Birth
Current Address: No. Street, City, State, Zip		Telephone No.
Signature		Date
Witness	Signature	