



Little Big Horn College
8645 S. Weaver Drive
P.O. Box 370
Crow Agency, Mt 59022
Phone: (406) 638-3100
Fax: (406) 638-3169

Consent to Release of Information

I authorize any duly accredited representative of Little Big Horn College to verify any information I have listed on my resume with respect to previous employers, educational institutions, and character/personal references.

I understand that this authorization **does not include** the release of information from any lending institutions, medical institutions, hospitals, or health care professionals.

I further authorize any duly accredited representative of Little Big Horn College to request criminal record information about me from criminal justice agencies and the Department of Motor Vehicles for the sole purpose of determining my eligibility for the position of which I am applying.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is validated for initial period of not more than three months from the date signed and shall be limited to the sole purpose of obtaining information from the date signed and shall be limited to the sole purpose of obtaining information for the position of which I am applying.

Signature

Date

Other Names Used

Social Security Number

Current Mailing Address

Home Telephone Number