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Background Investigation Release  
Truman State University

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize the release, review and full disclosure of records or any part thereof, concerning myself to any duly authorized agent of the Board of Governors Student Representative selection committee, whether the said records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational Records from Truman State University
- Conduct Records from Truman State University
- Admission Application Materials to Truman State University
- Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records

The reason for this authorization is to provide access to this information to assist in screening my qualifications to be nominated as a candidate for the student representative to the Board of Governors of Truman State University.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form, any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of two months from the date of my signature.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Please bring the completed and signed form to the Student Affairs Office located in the Student Union 3110  
(660-785-4111)