Tohono O'odham Community College
P.O. Box 3129
Sells, Arizona 85634
Phone: (520) 479-2300

## Residence Life Authorization for Release of Information

I understand that as a prospective resident of Tohono O'odham Community College Residence Life, that you will be requesting information concerning any previous criminal history from various state and private sources along with other public records available.

I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ACCUSEARCH IN AFFILIATION WITH TOHONO O'ODHAM COMMUNITY COLLEGE TO FURNISH THE ABOVE MENTIONED INFORMATION.

Signature: _____ DATE: _____

The following must be filled out completely for your application to be considered.
(Please Print)

_____ _____ _____
Last Name First Name Middle Initial

_____ _____
Social Security # Date of Birth

_____
Current Mailing Address/Home Address

_____ _____ _____
City State Zip Code

_____ _____
Driver's License Number Issuing State

**OTHER CITIES AND STATES WHERE YOU LIVED OVER THE PAST SEVEN (7) YEARS**

| City | State | From | To |
|---|---|---|---|
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