MILLE LACS BAND OF OJIBWE INDIANS

COURT OF CENTRAL JURISDICTION

43408 Oodena Drive • Onamia, MN 56359
(320) 532-7400 • Fax # (320) 532-3153

Mille Lacs Band
Noojimo'wiigamig Inaawanidiwag
Healing Families

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

Mille Lacs Band of Ojibwe Statutes requires the Family Healing to Wellness Court (FHTWC) to determine whether any person who is seeking admission to the program has a criminal history. The court will need to conduct a search of federal, tribal, state, and local criminal databases to verify program eligibility. To comply with 5 MLBS § 305(d) and (e), the potential applicant must supply the below information and file this document with the FHTWC.

PLEASE TYPE OR PRINT CLEARLY. ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED.**

NAME _____
LAST FIRST MIDDLE

ANY OTHER NAMES KNOWN BY

_____
LAST FIRST MIDDLE

_____
LAST FIRST MIDDLE

CURRENT ADDRESS _____
STREET

_____
CITY STATE ZIP CODE

PREVIOUS STATES RESIDED IN _____

DATE OF BIRTH _____ **HAIR COLOR** _____ **EYE COLOR** _____ **SEX** _____
MM/DD/YYYY

TRIBAL AFFILIATION _____

DRIVER'S LICENSE NUMBER _____ **STATE** _____

SOCIAL SECURITY NUMBER _____

I authorize any investigator, or another duly accredited representative, of the agency conducting my background investigation to obtain any information relating to my activities from criminal justice agencies or other sources of information about my criminal history record information. I understand that I may request a copy of such records that may be available under the law.

I understand that the information released is for official use by the FHTWC to determine my eligibility and that the information will be kept confidential.

I forever release, fully discharge, and agree to indemnify, defend, and hold harmless the Mille Lacs Band of Ojibwe and their respective officers, employees, volunteers, representatives, and agents from any claims relating to such investigations and criminal history checks, including using and relying on any information obtained therefrom.

Copies of this authorization that show my signature are as valid as the original release I signed. This authorization is valid for five (5) years from the date signed. or upon the termination of my participation in the FHTWC.

SIGNATURE _____

NAME PRINTED _____

DATE _____