



STRIVE – A Mentoring Program
Michigan City High School
Rotary Club of Michigan City
Success Through Education Trio Program
Of Purdue Northwest

Authorization for Release of Information
to Coordinator of the STRIVE Program

Name of Rotary Partner _____

Date of Birth: Social Security Number _____

Maiden Name _____

Race/Sex _____

Address _____

Telephone: (w) (h) (cell) _____

I authorize the Indiana State Police, La Porte County Sheriff, Local Police Departments, Child Protection Services of the La Porte County Department of Public Welfare, and the La Porte County Prosecutor's Office to release to the Michigan City Area Schools – and the Rotary Club of Michigan City, any record or information concerning any crime committed or alleged to have been committed by me, and any reported allegations of child abuse or neglect alleged to have been committed by me. This includes, but is not limited to, information about arrest records and convictions.

I release the Indiana State Police, La Porte County Sheriff, Local Police Departments, Child Protection Services of the La Porte County Department of Public Welfare, and the La Porte County Prosecutor's Office, as custodian of these records, including all officers, employees and other related personnel, individually and collectively, from any and all liability for damages of any kind which may at any time result to me, my heirs, family and/or associates because of compliance with this authorization.

Rotary Partner: _____

Please return this form to STRIVE Coordinators
Suzy Vance or Nicole Manning