

DATE _____

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby authorize the Michigan State Police Department to release any information that it may have in its records or may obtain from other sources under my name and birth date, including my fingerprints, to GENESIS NON-PROFIT HOUSING CORPORATION, and I hereby release and forever discharge the Michigan State Police Department and its agents, officers, and employees from any and all actions, causes or actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of information, whether by reason or unauthorized use, negligence or otherwise.

NAME _____
(Printed)

NAME _____
(Signature)

MAIDEN NAME OR ANY OTHER
NAMES USED _____
(If Applicable)

ADDRESS _____

DATE OF BIRTH _____

RACE _____ SEX _____

DRIVER'S LICENSE # _____

SS # _____