



Disability Planning Organization of Kansas, Inc.
P.O. Box 1067
Salina, KS 67402-1067
(785) 823-3173

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize the Kansas Bureau of Investigation to furnish Disability Planning Organization of Kansas, Inc. (DPOK) with criminal history information as described in K.S.A. 22-4701(B) and K.A.R. 10-1-1(b)(c) and (d); I request and authorize the Department of Revenue, Driver Control Bureau to furnish DPOK, Inc. with all information concerning my driving record and the status of my driver's license.

I voluntarily waive all right of recourse and release DPOK, Inc., the Kansas Bureau of Investigation and the Driver Control Bureau from liability for compliance with this authorization.

Employee Signature

Date