



**RELEASE OF INFORMATION
STATEMENT FORM**

Date: _____

Name of Agency & Region: Rochelle Center, Central Region

Full Name of Applicant: _____

Nickname and/or alias: _____

DOB: _____

SS#: _____

DL#: _____

State of DL: _____

I, _____, certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had a case of abuse, neglect, mistreatment, or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation I further release and authorize Rochelle Center and the Tennessee Division of Mental Retardation Service to have full and complete access to any and all current or prior personnel or investigative records from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate.

Signature of Applicant: _____

Date: _____

Witness: _____

Date: _____

Hire Date: _____

President/Vice President Initials: _____