

**SCHOOLCRAFT COUNTY MEDICAL CARE FACILITY**

520 Main Street  
Manistique, MI 49854  
906-341-6921

**INFORMATION/RECORD RELEASE**

I hereby certify that I give permission for disclosure of information affecting my past employment and any and all law enforcement records which pertain to my honesty, drug use, abuse and neglect of an individual and abuse or neglect of an employment position or title.

It is my understanding that any information obtained by the Schoolcraft County Medical Care Facility will be held in the strictest of confidence and in compliance with state and federal law.

This release includes permission to retrieve any and all vaccination records from Michigan Care Improvement Registry (MCIR), the Veterans' Administration, or any other state or federal agency which gathers vaccination information and records.

*Printed Name of Applicant*

*Signature of Applicant*

*Date*