



Mississippi Home Inspector Division

ADMINISTRATOR
E. C. Neely, IV

ROBERT E LEE BUILDING SUITE 502
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JACKSON, MS 39296

(601) 359-5443 – Office
(601) 359-5441 - Office

www.mhid.ms.gov

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____ MHID License #: _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ RACE: _____ SEX: MALE | FEMALE

TELEPHONE NUMBER: _____ - _____ - _____ EMAIL ADDRESS: _____

As evidenced by my witnessed signature below, I hereby authorize and consent to the release of a fingerprint-based background check to Mississippi Home Inspector Division, 239 North Lamar Street; Suite 502, Jackson, Mississippi 39201, PO Box 4915, Jackson, MS 39296-4915.

I request the inspection of any and all criminal records information in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any history of a criminal offense(s) for which I may have been charged or convicted.

By giving the above-described release, I hereby waive any and all claims or liability for compliance which I may now have or may have in the future against the State of Mississippi, the Mississippi Home Inspector Regulatory Board, the Mississippi Department of Public Safety and the Mississippi Justice Information Center, and any of these entities' employees and agents, against any and all future actions with reference to the release of the above-described information and the circumstances surrounding same.

If this consent form and fingerprint card are not submitted to the Mississippi Home Inspector Regulatory Board by your renewal date, your license will be placed on "inactive status" (if active), and if not received within sixty (60) days of your renewal date, your file will be closed for failing to complete the renewal process.

If placed "inactive," you must cease all home inspecting activity for which a license is required, immediately return your original 8x10 wall license, and you will be required to complete the license reactivation process.

Signature

(Date)

Witness to Signature - Required

(Date)