



AUTHORIZATION TO PERFORM A BACKGROUND CHECK

I, _____, do hereby authorize Communities In Schools – Bay Area, Inc., (CIS - Bay Area) to perform a background check on me which will be maintained in strictest confidence in accordance with CIS - Bay Area’s “Release Of Confidential Information Policy & Procedure”.

Have you lived outside of Texas within the past three years? Yes ____ No ____

If yes, what state? _____

Information needed to perform check PLEASE PRINT CLEARLY

Last Name

First Name

Middle Initial

Male/Female

Driver’s License Number

State

Email

Phone Number

Date of Birth

Campus Name _____

Volunteer _____ Mentor _____ Intern _____ Staff _____

Signature

Date