



## 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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date