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

_____ _____
Date of Birth Phone Number

_____ _____
Staff/Volunteer Signature Date

_____ _____
Signature of Witness Date