

FAMILY SERVICES NORTHWEST

AUTHORIZATION FOR BACKGROUND CLEARANCE

I, _____, hereby authorize **Family Services Northwest** and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with **Family Services Northwest**.

I release **Family Services Northwest** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Please print or type the following information:

Name:

Last

First

Middle

Other Names:

Maiden

Or

AKA

D.O.B. :

SSN:

Driver's License No.:

State Issued:

Street Address

City

State

Zip

Signature

Date