



Release of Information and Background Check Authorization

Please complete the following:

First name: _____ Initial: _____ Last Name: _____

Other Names Used: _____

Date of Birth: _____ SSN: _____

Driver's License: (Number & State: _____

Current Physical Address: _____ How long at current address: _____

PRIOR ADDRESS: _____ How Long Resided There: _____

I understand that it is necessary for Abused Women's Aid in Crisis, Inc. to conduct a criminal and child protection background check on me as part of the screening process for employment. I give permission for AWAIC, Inc. to receive this information from Volunteer Select, the Anchorage Police Department, the Alaska State Troopers, the District Attorney's Office, the Federal Bureau of Investigation, and/or Courtview.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

08/2009