WHERE INNOVATION MEETS ELEVATION
SANDY OREGON

Depart. Submitting: _____

For what purpose: _____

Manager Name: _____

BACKGROUND RELEASE FORM

BY MY SIGNATURE BELOW, I AUTHORIZE:

City of Sandy to complete a background check. This authorization is valid for purposes of verifying information given pursuant to EMPLOYMENT or VOLUNTEER position.

I authorize all corporations, current employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about activities I may have been involved in.

This authorization shall be valid in original or copy form. This authorization is valid for 30 days from the date signed.

Specifically, I authorize City of Sandy to check my (check all that you are authorizing):

- **X** Criminal History
- ☐ Driving Record
- ☐ Educational Degrees & Professional Certifications
- ☐ Employment & Character References

PRINT CLEARLY – EACH LINE MUST BE COMPLETE

First Name:_____ Middle Name:_____ Last Name:_____

Maiden names or any other LAST names by which you have been known:

_____

Social Security Number (Last four digits): _____ Date of Birth: _____

Current Address: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Signature: _____ Date: _____

Sex: [ ] **Male** [ ] **Female** [ ] **X** Race:_____

If under 18 years of age, parent or guardian consent is required: **PRINT CLEARLY**
Parent or Guardian Name: _____

Parent or Guardian Signature: _____