



BACKGROUND CHECK AUTHORIZATION

I, _____ authorize Nurturing Transitional Home for Youth to conduct a background check. I understand that ALL information collected from the background check will remain in confidence with the Administration of Nurturing Transitional Home for Youth.

FULL NAME:

_____ Last, First, Middle (Legal Name)

Street Address:

City: _____ State _____ Zip Code _____

County: _____

Date of Birth: _____

Social Security Number: _____

Print Name: _____

Signature: _____

Date: _____

Please attach a photo ID to this authorization.