Authorization to Release Information

Applicant's Name: _____

First Name   Middle Name   Last Name

Other Names used: _____

Social Security No._____ DOB: _____

Address: _____

City   State   Zip Code

Driver's License Number: _____ Class: _____ Expires: _____

RE: Employment Background Check

I hereby authorize without reservations, the San Xavier Allottees Association, Inc. to verify my background from all sources of employment, education, motor vehicle, financial history, criminal history, personal character. It is gathered in accordance with the Fair Credit Reporting Act and used solely for employment. I release all persons from accounts of such disclosures.

_____
(Signature)

_____
(Date)

_____
(Witness Signature)

_____
(Date)

_____
(Witness Address and Telephone Number)

Initiated 09/19/16