



**LAC COURTE OREILLES  
COMMUNITY HEALTH CENTER**  
13380 W Trepania Road • Hayward, Wisconsin 54843-2186

Telephone: 715-638-5100  
Administration Fax: 715-634-6107  
Medical Records Fax: 715-634-2740

**Authorization For Release of Information**

I, \_\_\_\_\_, hereby empower the Lac Courte Oreilles Community Health Center to obtain criminal history record information for the purpose of employment background investigations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Information Needed To Do Background Check:

Full Name: \_\_\_\_\_

Maiden, former or alias name: \_\_\_\_\_

Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Present Address:

\_\_\_\_\_

Previous Address:

\_\_\_\_\_

I, \_\_\_\_\_, consent to Drug Testing Upon Hire.  
print

Signature: \_\_\_\_\_

I, \_\_\_\_\_, allow the Lac Courte Oreilles Community Health Center to contact by either phone or letter my references.

Signature: \_\_\_\_\_

