



325 East Vamori Street
Tucson, Arizona 85756
Office 520.807.2121
Fax 520.807.2626

Authorization to Release Information

Applicant's Name: _____
First Name Middle Name Last Name

Other Names used: _____

Social Security No. _____ DOB: _____

Address: _____
City 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)