

Talbot Mentors

Be a Mentor • Be a Friend

BACKGROUND CHECK

Authorization and Release Form

I hereby authorize Talbot Mentors or authorized representative of the organization to obtain any information pertaining to my background, including county, state, and national criminal record searches, social security number trace, motor vehicle report, state and national sexual offender registry check, and education/professional verification for employment/volunteer enrollment purposes. I hereby fully release and discharge Talbot Mentors or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. I understand and accept that this authorization is valid for the term of my involvement with Talbot Mentors.

PLEASE PROVIDE A MINIMUM 7 YEARS RESIDENTIAL HISTORY.

Full Name: _____
 First Middle Last

Alias/Maiden Name: _____

Date of Birth: _____ **Social Security No:** _____

Driver's Lic. No: _____ **State:** _____

Current Address: _____

City/State: _____ County: _____

Previous Address: _____

City/State: _____ County: _____

Previous Address: _____

City/State: _____ County: _____

Signature: _____ **Date:** _____