



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of the *Kids Matter CASA* program to conduct an investigation of my background in conjunction with official duties. The investigation may include police records, traffic transcripts, character references, employment references, insurance verification and child protective services reports.

I further authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to the *Kids Matter CASA* program.

I execute this release with full knowledge and understanding that the information obtained is for official use of the *Kids Matter CASA* program.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print): _____

PREVIOUS NAME(S) (Maiden, etc.): _____

SOCIAL SECURITY NUMBER: _____

_____ MALE _____ FEMALE DATE OF BIRTH: _____

RACE: African American Asian Caucasian Latina/o
 Native American Bi-Racial Please specify: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESSES (5 years): _____

Driver's License No.: _____ State: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____