

BACKGROUND CHECK INFORMATION/AUTHORIZATION

I. BACKGROUND CHECK INFORMATION

Name: _____
Last First Middle

Any other names you have used or gone by: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Driver's License Number: _____
Please submit a copy of driver's license

II. BACKGROUND CHECK AUTHORIZATION

I, _____, hereby certify under the penalty of perjury of the laws of the State of Washington that the information above is true and correct. I hereby authorize Thurston County Superior Court, any law enforcement agency they authorize and the Department of Social and Health Services, to investigate my background.

DATED: _____ Signed at (City, State): _____

Signature _____