## BACKGROUND CHECK INFORMATION/AUTHORIZATION

## I. BACKGROUND CHECK INFORMATION

Name:	T 4		First	N.C. 1.11
	Last		First	Middle
Any other	names you ha	ive used or gon	e by:	
Sex:	$\square$ M	$\Box$ F		
Date of Bi	rth:			
Driver's L	icense Numbe	er:	Please submit a copy of	
			Please submit a copy of	of driver's license
	_			
	I	I. BACKGROU	UND CHECK AUTHO	ORIZATION
I,			, hereby certify under th	ne penalty of perjury of the laws of the
State of Wa	shington that t	he information a	bove is true and correct.	ne penalty of perjury of the laws of the I hereby authorize Thurston County
	ourt, any law en investigate my		cy they authorize and the	e Department of Social and Health
		-		
DATED:		Signed at	(City, State):	
Signature_				

For more information contact:

Wendy Mayo, GAL Coordinator (360) 709-3231 or e-mail <a href="mayow@co.thurston.wa.us">mayow@co.thurston.wa.us</a> Mailing Address: 2801 32nd Ave SW, Tumwater, WA 98512