## AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

## PLEASE TYPE OR PRINT

I,		FIRST NAME	MIDDLE NAME		(PLEASE INCLUD	E Jr., Sr., II, III Etc.)
outside agency t	o research ER. VIRGI	and verify criminal his	nt, <b>VIRGINIA MASON ME</b> tory. This agency will pr <b>L CENTER</b> currently uses	DICAL CEN	ITER will use to V	he services of ar
			deems appropriate to inve any criminal history to <b>VI</b>			
The criminal back form shall be valid be notified by V obtained from Abdisclosure as to understand that I should direct my	kground che d for my teri IRGINIA Ma pso. Addition the nature a may reque request to	ck performed by Absom of employment from ASON MEDICAL CENtrolly, I understand the and substance of all inst a copy of the reports: Abso, 3009 Dougle	solely for the purpose of will NOT include a credit the date indicated next to NTER if any adverse act at if I make a request with formation provided to VIII t, and that when doing so as Blvd., 3 <sup>rd</sup> Floor, Rose diverse action is taken reg	t check. This my signature ion is conte in 60 days, I RGINIA MAS o, proper ide eville, CA 9	authorization in a continuous con	in original or copy of federal law, I will use of information of full and accurate accurate be required and brstand that I will
REQUIRE THE	<b>FOLLOWI</b>	NG INFORMATION	ER ENTITIES FOR P WHEN CHECKING PU PURPOSES. PLEASE	BLIC RECO	ORDS. IT IS	
Signed			Today's Date			_
Name as it appe	ars on you	r driver's license				
Social Security	<u>-</u> Number	Date of Birth	Driver's License N	umber	State	_
Other names yo	u have use	d, or are also known	as, including maiden na	me, name c	hanges and ar	ny aliases:
	PLEASE	PROVIDE ALL RESID	DENTIAL ADDRESSES F	OR THE PA	ST 7 YEARS	Mo./Yr. / Mo./Yr
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