

BACKGROUND CHECK AUTHORIZATION

The purpose of this form is to notify you that a background investigation report will be conducted on you in the course of your volunteer work with the Institute for Cultural Communicators. ICC wants to thank you for your willingness to serve and we are honored to serve you in return and desire to be sure that you are **COMPLETELY** comfortable with this process so please be sure to ask any questions you may have.

PLEASE PRINT

Name: _____	Social Security #: _____	
Date of Birth: ____/____/____	Driver's License: _____	
Chapter Name: _____	Chapter Location: _____	
Other Names Used (<i>maiden, married, etc.</i>):	From (mo/yr)	To (mo/yr)
_____	_____	_____
_____	_____	_____

Residences (within the past 10 years, beginning with current)*	From (mo/yr)	To(mo/yr)
1)Street _____ City _____ State _____ Zip _____	_____	_____
2)Street _____ City _____ State _____ Zip _____	_____	_____
3)Street _____ City _____ State _____ Zip _____	_____	_____
4)Street _____ City _____ State _____ Zip _____	_____	_____
5)Street _____ City _____ State _____ Zip _____	_____	_____

*Please attach separate page if additional space is necessary.

In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the Institute for Cultural Communicators, with which this form has been filed or their agent, . Horizon Background Screening. This releases the aforesaid parties from any liability and responsibility for collecting any information.

Signature: _____ Date: _____

Fax completed form to
 Horizon Background Screening