

AUTHORIZATION FOR RELEASE OF INFORMATION

I submit the following information to assist True Colors, Inc. and its programs in performing background checks.

PLEASE PRINT CLEARLY IN INK

NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____
Last First Middle

ADDRESS: _____
Street City

State Zip Code **How long at current address?** ____ YRS ____ MOS

DRIVERS LICENSE NO.: _____ **SOCIAL SECURITY NO.:** _____ - _____ - _____
(Note State if not CT: _____)

PREVIOUS ADDRESS (List all for the last five years – continue on reverse side of this form if necessary.)

ADDRESS: _____
Street City

State Zip Code **How long at this address?** ____ YRS ____ MOS

ADDRESS: _____
Street City

State Zip Code **How long at this address?** ____ YRS ____ MOS

OTHER NAMES I HAVE USED: (List Last Name, First Name, Middle Name)	_____ _____ _____
NAME(S) OF SPOUSE(S): (List Last Name, First Name, Middle Name of current and former spouses)	_____ _____ _____
NAME(S) OF CHILD(REN): (List Last Name, First Name, sex, and date of birth for each child presently or previously in your household)	_____ _____ _____

I release True Colors, Inc. from any liability for any damages I may incur which may result from the release or use of this information.

SIGNATURE: _____ **DATE:** _____

I AM OVER THE AGE OF 18.