



Camp Wightman

Authorization for Background Check

The information provided on this sheet will be shared with the Connecticut State Police or National Background Investigations, Inc. of Mayo, MD. Any information received as a result of this background check will be considered confidential and will be treated as such.

Full Name: _____ Alias/Other Names: _____
(First, Middle, Last)

Date of Birth: _____ Social Security No.: _____

Driver's License No.: _____ State: _____

Please provide a minimum of 7 years of residential history:

Current Address _____ City, State, ZIP _____

County: _____ Dates - From: _____ to _____

Prior Address _____ City, State, ZIP _____

County: _____ Dates - From: _____ to _____

Prior Address _____ City, State, ZIP _____

County: _____ Dates - From: _____ to _____

Prior Address _____ City, State, ZIP _____

County: _____ Dates - From: _____ to _____

Applicant Release and Authorization

I hereby authorize Camp Wightman and authorized representatives of Camp Wightman bearing this release, or copy thereof, to obtain information pertaining to and limited to criminal and/or civil court records, and driving history and record.

I hereby direct you to release such information upon request of Camp Wightman or authorized representatives.

I hereby fully release and discharge Camp Wightman and authorized representatives, and any individual organization, entity, agency or other source providing information to Camp Wightman, from all claims and damages arising out of or relating to any investigations of my background for employment or volunteer affiliations. I acknowledge that a telephone facsimile or photographic copy shall be valid as the original.

Signature: _____ Date: _____