

HOMEBOUND CHILD-PLACING AGENCY

P.O. Box 1311
Wylie, Texas 75098-1311
FAX: 214-550-8810
<http://www.homeboundcpa.com>

AUTHORIZATION TO RELEASE INFORMATION

Please be advised that I have applied for a contract position with Homebound Child-Placing Agency. I have been requested to provide information for their use in reviewing my background and qualifications for employment. Therefore, I authorize the investigation of my past and present health, character, education, military and employment qualifications. I further authorize Homebound Child-Placing Agency to verify my liability insurance.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

I also authorize Homebound Child-Placing Agency to obtain information relating to my personal background through letters, e-mail or telephone calls to individuals that I have listed as personal references. I understand that this information will be used in part, to determine my eligibility for an employee/volunteer/intern position with this organization.

This authorization is valid for 60 days from the date of my signature below. Please keep this copy of my release request for your files.

Signature of applicant
Printed Name:

Date

Social Security Number

Date of Birth

Parent/Guardian Signature (*if under 18*)
Printed Name:

Date