



STUART T. WILSON, CPA PC

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Employer's Name: _____

Organization: _____

Criminal Background Check Authorization Form

Employee Name: _____

Alias or Other Names Used: _____

Employee Address _____

Date of Birth: _____ Sex: _____

Maiden Name: _____ Race: _____

Driver's License Number: _____

***You MUST include a copy of your Driver's License or State ID with this form**

I authorize the release of my criminal background information to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Employee Signature

Date

For results contact:

Name: _____

Phone # _____

Relationship to Participant: _____