Authorization for Release of Information for a Background Check by The American Institute for the Advancement of Forensic Studies (AIAFS)

I authorize **AIAFS** to conduct a comprehensive background check, which may include a criminal and motor vehicle record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested. Furthermore, I will hold no person or agency liable for the release of this information, or for its use in conducting the above-mentioned background check. I agree that periodic background checks can be conducted during my work with AIAFS if it thinks it is necessary.

The above authorization and its implications shall end when I am no longer working with AIAFS.

A photocopy of this authorization form shall be as effective and binding as the original.
(Initial _____)

Full Name: _____

Signature: _____

Social Security #:_____ Date of Birth: _____

Driver's License Number: _____State Issued By: _____

Representative of The FASD Clinic of Minnesota: _____ Date: _____

Phone: _____

Signature of Applicant _____ Date: _____