VOYAGER ACADEMY
RELEASE FORM FOR BACKGROUND CHECK

I, the undersigned, understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from pervious employers. Further I understand that you will be requesting information from various Federal, State and other activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Voyager Academy to furnish the above-mentioned information.

A photocopy, or any other copy, of this instrument bearing my signature shall be equally legally valid as the original.

PLEASE **PRINT CLEARLY** FOR ALL OF THE INFORMATION

PRINT FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

MAIDEN NAME OR "AKA": _____

SSN #: _____ DATE OF BIRTH**: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVERS LICENSE #: _____ STATE: _____

Please list all addresses you lived at for the past ten (10) years. Include the year you moved to this address and the year you moved out. If additional room is needed, please use the back of this form.

_____

_____

_____

_____

APPLICANT'S SIGNATURE: _____

DATE: _____ WITNESS: _____

**Date of Birth and Social Security number is being requested in order to obtain accurate retrieval records.