



**Stuart T. Wilson, CPA PC**

**222 N. Saginaw Rd. Ste. 3 / Midland, MI 48640**

**Phone (989) 832-5400 / Fax (989) 832-5404**

Employer's Name: \_\_\_\_\_

County: \_\_\_\_\_

### **Criminal Background Check Authorization Form**

Employee Name: \_\_\_\_\_

Alias or Other Names Used: \_\_\_\_\_

Employee Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I authorize the release of my criminal background information to my employer, 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



**ALL OF US INCLUDED**

**Consumer #** \_\_\_\_\_

**For Office Use Only**

**Date Faxed:** \_\_\_\_\_