



## BACKGROUND CHECK AUTHORIZATION FORM

Last Name

First

Middle

City, State, Zip

Any other previous names

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Driver's License and State

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Social Security Number

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"I understand that I will only be able to volunteer at CPPC upon satisfactory completion of background checks, and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided by me"

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Signature

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Date