## CONSENT FOR RELEASE OF INFORMATION - BACKGROUND CHECK Potential Candidate for Tribal Council

Print Name:				
(first)		(middle)	(last)	
Former Name(s) and Date	es Used:			
Current Address Since: _				
	(mo/yr)	(address)	(state/zip)	
Previous Address From:				
	(mo/yr)	(address)	(state/zip)	
Previous Address From:				
	(mo/yr)	(address)	(state/zip)	
Social Security Number:			Date of Birth:	
Telephone Number		Driver's Lice	ense Number/State:	
The information contained i	in this application	is correct to the best of my	y knowledge.	
background which will ca volunteer purposes. I under to the following areas: veri	use a consumer a estand that the scop fication of social	report and/or an investig pe of the consumer/invest security number; civil and	o conduct a comprehensive revie gative consumer report to be gene igative report may include, but is n d criminal history records from any driving records, birth records, and	erated for not limited y criminal
verbal or written, pertaining release of any records or da may have, to include inform	g to me, to Round ata pertaining to mation or data recei	Valley Indian Tribes, Ele ne which the individual, c ived from this authorization	ic agency to divulge any and all infection Board. I further authorize the company, firm, corporation, or public in a confidential manner in order dresses, social security numbers, an	complete lic agency to protect
Signature:		D	Oate:	
For California Residents			Filing Fee: \$10	00.00
Please check the box below i  I wish to receive a copy		e a copy of the report that is Check Report on me that is r		