

# Background Check Authorization

Name (Last, First, Middle)



## FOUNDATION FOR ACADEMIC ENDEAVORS

### AUTHORIZATION TO RELEASE INFORMATION Washington Access to Criminal History (WATCH) Foundation for Academic Endeavors (FAE)

I, \_\_\_\_\_  
Last Name First Name Middle Name  M  
 F

do hereby authorize a background check, through Washington State Access to Criminal History (WATCH)

I authorize Foundation for Academic Endeavors, to request and receive such information. I understand that information appearing on this Authorization will be used exclusively by Washington Access to Criminal History (WATCH) and the released information will be held in confidence. I further understand that within 10 days of receiving the report a copy will be provided for me.

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a position or for my discharge if I have already been chosen.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS**

**Participant Signature**

**Date**

Current Address \_\_\_\_\_ Dates Lived There \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you been convicted of a crime?  YES  NO  
Have you had a finding made against you in any civil adjudicative proceeding?  YES  NO  
Have you had a conviction and findings made against you?  YES  NO

Date of Birth \_\_\_\_\_ Other Names Used (Including Maiden Name) \_\_\_\_\_ Years Used \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

E-mail (may be used for official correspondence) \_\_\_\_\_

Complete and Mail to: (FAE) PO Box 945, Mount Vernon, WA 98273  
or Email to skagitfae@gmail.com