



## AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize E.A. Young Academy to investigate my background and qualifications for purposes of evaluating whether I am able to serve as faculty, staff, volunteer or other agent. I understand that E.A. Young Academy will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment, contract work or volunteer work will not be processed further.

Name

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Address

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City, State Zip

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Date of Birth

Social Security Number

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date