***EAU CLAIRE COUNTY SHERIFF’S OFFICE***

***BACKGROUND CHECK AUTHORIZATION***

***NAME OF PERSON MAKING THE REQUEST (PLEASE PRINT):***

(FIRST)

(MIDDLE)

(LAST)

Telephone Numbers: (Home): (Cell): (Other):

Driver’s License Number: State:

Email Address:

***NAME OF PERSON YOU WANT A BACKGROUND ON (PLEASE PRINT):***

(FIRST)

(MIDDLE)

(LAST)

Date of Birth:

Former Name(s) Used:

Current Address Since:

(Mo/Yr)

(Street)

(City)

(State/Zip)

Previous Address Since: \_

(Mo/Yr)

(Street)

(City)

(State/Zip)

Telephone Numbers: (Home): (Cell): (Other):

Driver’s License Number: State:

*The information contained in this application is correct to the best of my knowledge. I hereby authorize Eau Claire County*

*Sheriff’s Office and its designated agents and representatives to conduct a comprehensive review of my background.*

*I further authorize Eau Claire County Sheriff’s Office to divulge any, and all information, verbal or written pertaining to me to*

 *or its agents. I further authorize the complete release of* any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have.

*Signature:*

*Date:*

*Witness Signature:*

*Date:*