



Release and Authorization

I authorize the SisterHermana Foundation., (hereby referred to as SHFI) and its agents to conduct a full investigation into my background and activities. Therefore, SHFI is hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of SHFI.

I further understand that SHFI may be requesting information concerning motor vehicle operations history.

I release all courts, employers, educational institutions, credit bureaus, financial and other institutions, law enforcement and government agencies – federal, state and local without exception – from all liability and responsibility.

I authorize SHFI to release the information obtained through this investigation to outside groups and agencies as mandated by grantors and other funding sources.

I authorize that a Photostat or facsimile of this release be accepted with the same authorization as the original.

NAME

First Middle Last

ADDRESS

Number Street Apt.

City State Zip Code

PHONE

EMAIL

DATE OF BIRTH*

____/____/_____
MM/DD/YYYY

SOCIAL SECURITY NUMBER

____ - ____ - _____

DRIVER'S LICENSE NUMBER

STATE ISSUED

SIGNATURE

DATE

*DATE OF BIRTH IS BEING REQUESTED TO ENSURE ACCURATE RETREIVAL OF RECORDS. The age discrimination act of 1967 prohibits discrimination in employment based on age.