Background Information Services, Inc.

Notification Form

The purpose of this form is to notify you that a criminal background check will be run on you in the course of consideration for volunteering with:

Company Name: Medicine Horse Program

Please Print or Type

Last Name_____First_____Middle_____

Social Security #_____Date of Birth_____Age_____

Present Address_____

In connection with this request, I authorize all law enforcement agencies to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I authorize a criminal background check to be run. I also authorize the release of any records maintained by law enforcement agencies, to the person or company with which this form has been filed or their agent, Background Information Services, Inc.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

_____/_____/_____

Applicant's Signature Date

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