



Authorization for Release of Information

I, _____, understand that if my International Rescue Committee job description, work, internship or volunteer work require me to work in a State-funded program involving children or vulnerable adults, that I may be personally subject to a background check (A.R.S. Sec 8-804 or as subsequently amended).

The information to be disclosed for the purpose of the State's background check is my name, any aliases, my address, my Social Security number and my date of birth.

I hereby authorize the International Rescue Committee and its agents to release my name, any aliases, my address, my Social Security number, and my date of birth to the State of Arizona for the limited purpose of a background check that would qualify me to perform my duties in the state-funded program.

Signature: _____ Date: _____

NAME	ALIAS (<i>Previously used name(s)</i>)
SOC. SEC. NO. Not needed at this time	DATE OF BIRTH Not needed at this time
ADDRESS (<i>No., Street, City, State, ZIP</i>)	