

Authority to Release Information

To Whom It May Concern:

I hereby authorize CASA of Terrebonne to conduct an investigation on my background in conjunction with the program guidelines.

I further authorize any Louisiana law enforcement agency to conduct a criminal records check and to release the results of said criminal check to CASA of Terrebonne.

I further authorize CASA of Terrebonne to check the Child Abuse Registry to ensure my background with the Office of Community Services is clear.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Court Appointed Special Advocates (CASA) of Terrebonne, Inc.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

Signature

Date

Full Name: _____

Maiden Name: _____

List any names you have ever gone by: _____

Social Security Number: _____

Date of Birth: _____ Sex: M F Race: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver License #: _____ State Issued: _____

Previous Address(s) for the past 5 years:
