



**OUR MISSION:  
BACK TO WORK, BACK TO LIFE.**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**Please carefully read this authorization to release information about you, then sign and date it in ink.**

**This authorization and release agreement is executed by and between Project: Return to Work (R2W), a 501(c)(3) non-profit organization, and \_\_\_\_\_.**

**I Authorize** any investigator or other duly appointed representative of R2W to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishment, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize R2W, or any investigator or duly appointed representative of R2W conducting such investigation to disclose the record of my background investigation to the Board Members of R2W or their designee for the purpose of making a determination of suitability or eligibility for volunteer, paid, and/or consulting positions.

**I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to R2W or any investigator or other duly appointed representative of R2W. I authorize SSA to provide explanatory information to R2W, or any investigator or other duly appointed representative of R2W, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

**I Authorize** any investigator or other duly appointed representative of R2W to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a position with R2W. I understand and agree to submit the information necessary to allow for such information to be disclosed, including, but not limited to, providing fingerprint impressions, as requested by R2W or any investigator or other duly appointed representative of R2W. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of any investigator or other duly appointed representative of R2W, regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by R2W in assessing the suitability or eligibility of the applicant for a volunteer, paid, or consulting position, and that it may be disclosed, as necessary, in furtherance of that purpose and as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with R2W, whichever is sooner.

**I, \_\_\_\_\_, have read and understand the above terms of this release and my signature below constitutes my consent to be bound by this agreement and to expressly authorize R2W, or any investigator or other duly appointed representative of R2W, to request all background information referenced herein.**

Signature <i>(Sign in ink)</i>		Full name <i>(Type or print legibly)</i>		Date signed <i>(mm/dd/yyyy)</i>	
Other names used			Date of birth		Social Security Number
Current street address	Apt. #	City <i>(Country)</i>	State	ZIP Code	Home telephone number