



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize, without reservation, any law enforcement agency including law enforcement records, without restrictions, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Rosen Harwood, P.A.** and/or North Alabama Community Care. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant's Signature _____

Date _____

The following information is for identification purposes (to perform the background check and will not be used for any other purpose)

Print FULL Name _____

Other Names Used _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____ City/Town _____

Zip Code _____ Previous address _____

City/Town _____ State _____ Zip _____

Disclaimer

*North Alabama Community Care (ALCC) is an Equal Opportunity Employer**