

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

I, \_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for Nurse Aide Class , Western Colorado Area Health Education Center will obtain my Confidential Background Screening Report through Sterling Infosystems Inc. in accordance with the Colorado Board of Nursing ([www.dora.state.co.us](http://www.dora.state.co.us)) requirements.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_

Name as it appears on your driver's license \_\_\_\_\_ Position Applied For \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number      Date of Birth      Driver's License Number      State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**  
Mo.Yr./Mo/Yr

Current Address: \_\_\_\_\_ / \_\_\_\_\_  
:                      City                      State                      Zip Code                      From / To?

Former Address \_\_\_\_\_ / \_\_\_\_\_  
:                      City                      State                      Zip Code                      From / To?

Former Address: \_\_\_\_\_ / \_\_\_\_\_  
:                      City                      State                      Zip Code                      From / To?

Former Address: \_\_\_\_\_ / \_\_\_\_\_  
:                      City                      State                      Zip Code                      From / To?

Former Address: \_\_\_\_\_ / \_\_\_\_\_  
:                      City                      State                      Zip Code                      From / To?