



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize The Briarwood School to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that The Briarwood School will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

PRINT FULL NAME

OTHER NAME(S) USED

SIGNATURE

TODAY'S DATE

_____-_____-_____
Social Security Number

_____/_____/_____
DATE OF BIRTH