Student Internship Background Check Authorization

I hereby authorize the release and verification of my background information to the internship program and its partnering organizations for the purpose of evaluating my eligibility for placement.

Full Name	
Student ID	
Date of Birth	
Address	
By signing below, I consent to a bacaccurate to the best of my knowled	ckground check and acknowledge all information provided above is ge.
Student Signature	
Date	