

Childcare Provider Background Check Authorization

I hereby authorize the investigation of my background for the purpose of evaluating my suitability as a childcare provider. I understand that this investigation may include, but is not limited to, verification of personal information, criminal records, and reference checks.

Full Name

Date of Birth

Social Security Number

Current Address

Phone Number

Email Address

Other Names Used (if any)

By signing below, I certify that the information provided is true and complete. I authorize the release of this information for the purpose stated above.

Signature

Date
