



Wellness is Traditional

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant Name: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize Southern Indian Health Council, Inc. (SIHC) to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that SIHC may conduct all or part of such investigation. I also acknowledge and agree that SIHC may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history, and public record information (e.g. record of civil judgment, conviction, motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts may be relevant to SIHC evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose it to SIHC. I hereby release SIHC and any person providing information in connection therewith from any and all liability which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so it will be used only in connection with the investigation authorized herewith.

Southern Indian Health Council, Inc. utilizes First Advantage SBS, P.O. Box 50465, Indianapolis, IN 46209-1002 to conduct our pre-employment screening. They can be contacted at 1 (800) 725-5051. For California residents, under California Civil Code § 1786.22, an investigative consumer-reporting agency will supply files and information that you have a right to inspect during normal business hours and on reasonable notice, by mail, or you may also receive a summary of the file by telephone.

Please check  if you would like to receive a free copy of the report received by SIHC. If you indicate you would like a copy, SIHC will send a copy to the address listed on your application within three (3) business days of receiving the report. The Authorization for Release of Information, in original, faxed, or photocopied form, will be valid for any reports that may be requested by Southern Indian Health Council, Inc.

\_\_\_\_\_  
Applicant Signature

Revision Date: 05.13.2014

**Human Resources Use Only:**  
Received by: \_\_\_\_\_ Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If applicable, provided report :  Yes  No If yes, on: \_\_\_\_/\_\_\_\_/\_\_\_\_