

CARING for Children, Inc.
184 Charlotte Highway
Asheville, North Carolina 28803
(828) 298-0186

Release of Information

To Whom It May Concern:

This release of information constitutes authorization for you to release to CARING for Children, Inc., in either written or verbal form, any records or information you may have about me or my family, including but not limited to previous employment and medical records. I understand these records will be used to verify information provided during the pre-employment process (e.g., to conduct criminal background checks; obtain motor vehicle records; complete reference checks; and, to verify other training, education, and experience. All records will be kept confidential.

A photocopy or fax of this signed Release of Information form shall be as valid as the original.

Name: _____

Address: _____

SSN: _____

Birth Date: _____

DL#: _____ State: _____

Signature of Applicant

Date