

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

SECTION 2:

To be completed by the applicant (person to be checked).

1. Completed by UWMC
2. Completed by UWMC
3. Completed by UWMC
- 3a. Completed by UWMC
4. Completed by UWMC
5. Required.
6. Required.
7. Required.
8. Optional.
9. Required.
10. Required.
11. Required.
12. Required. Must include complete name at birth. If same as #9 - #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required.
20. Required. Must list driver lic. number or state ID number; must write NONE if none.
21. Required. Indicate number of consecutive years and/or months lived in WA State.
22. Read prior to moving to block #23.
23. Required signature of applicant.
24. Required. Date signed by applicant.