



Background Check Authorization



CASA Program: _____

First Name _____ Initial _____ Last Name _____

Other names used (e.g. maiden): _____ DOB: _____

Driver's License (number, state): _____ Social Security Number: _____ - _____ - _____

*Verification of an applicant's social security number is required by National CASA Association Standards for Local Programs.
This information will be kept safe and secure from unauthorized access.*

List the locations and dates of your residences for the last seven (7) years

City/County/State Dates

City/County/State Dates

City/County/State Dates

City/County/State Dates

I understand that it is necessary for Alaska CASA to conduct a criminal and child protection check on me as part of the screening process for the CASA program. I give permission for the Office of Public Advocacy / Alaska CASA to receive this information from the Office of Children's Services or other child protective services agencies, Police Departments, Alaska State Troopers, District Attorney's office, Alaska Court System and/or Federal Bureau of Investigation.

Signature of Applicant Date

Signature of Witness Date

FOR OFFICE USE ONLY:

| | Date Checked/Submitted | Date Received | Findings |
|-----------------------|------------------------|---------------|----------|
| CourtView | | | |
| Criminal database | | | |
| Sex offender registry | | | |
| CP check | | | |
| SS # verification | | | |