ARIZONA COOPERATIVE EXTENSION
THE UNIVERSITY OF ARIZONA • COLLEGE OF AGRICULTURE AND LIFE SCIENCES

BACKGROUND CHECK/AUTHORIZATION CONSENT

During the application process and at any time during the tenure of my volunteer service with the University of Arizona Cooperative Extension, I hereby authorize ChoicePoint Services Inc., on behalf of The University of Arizona Cooperative Extension to procure a criminal background report. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies if ChoicePoint Services Inc. does not provide the required information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Applicant's Name: _____ _____ _____
LAST FIRST MI

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

_____ - _____- _____ _____ /_____ / _____
Social Security Number (for ID purposes only) Date of Birth (for ID purposes only)

_____ _____ /_____ / _____
Driver's License Number Expiration Date

Home Phone:_____ Cell Phone:_____

Email Address:_____

Applicant's Signature: _____ Date: _____

Agent Responsible: _____

Enclose a non-refundable $20 check or money order payable to **The University of Arizona** and return to:

University of Arizona
Maricopa County 4-H
Darlene Lyman
4341 E. Broadway Rd.
Phoenix, AZ 85040

Revised 8/08