



# AUTHORIZATION FOR BACKGROUND and CRIMINAL HISTORYCHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

*I, \_\_\_\_\_, hereby authorize Early Learning Coalition of Broward, Inc. to investigate my background qualifications and criminal history as pursuant to F.S.A.435.04 for purposes of evaluating my candidacy for the consultancy for which I am applying. I understand that Early Learning Coalition of Broward, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.*

---

Signature of Consultant

Date

---

Consultant's Name - Printed

