

BROOKS

MEMPHIS BROOKS MUSEUM OF ART

In association with the Smithsonian Institution

AUTHORITY TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

TO: Any person, organization or agency having knowledge of my conduct or activities; or any Department or Agency of a City, County, State Government, or of the Federal Government.

I, _____, hereby authorize Memphis Brooks Museum of Art to conduct an appropriate background investigation including, but not limited to Criminal, Credit and Personal Interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background investigation to disclose it to the Brooks Museum or its agents and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

Date: _____ Signature: _____

Date of birth: _____ SSN: _____
(Furnished for the purpose of positive identification.)

Driver's License: State: _____ Number: _____

County (if out of state driver's license): _____

Address: _____

City: _____ State: _____ Zip code: _____