



# STUART T. WILSON CPA, PC

Fiscal Intermediary

## Criminal Background Check Authorization Form

*Do not provide any services prior to authorization.*

*You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.*

Employer (Participant): \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Previous Names Used (Include maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**You MUST include a copy of your Driver's License or State ID with this form.**

I authorize the release of my criminal background information and driving record to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Furthermore, I acknowledge that I am required to notify Stuart T. Wilson CPA, PC as soon as possible, but no later than the next business day, if I have been convicted of any crime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Results are released to the participant/guardian or case manager.*

**For results contact:**

Participant/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

or

Case Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

