

STATE CRIMINAL BACKGROUND CHECK RELEASE
(required by some states)

I authorize the State of Wisconsin Bureau of Criminal Investigation to disclose criminal history record information to Kinship of Tomahawk as part of their screening procedure for individuals volunteering to serve in one-on-one unsupervised mentor positions with community children through the Kinship Program.

Full Name of Applicant _____
Last First Middle Maiden
or Former

Date of Birth _____ Sex _____ Race _____

Social Security Number _____

Driver's License # _____ State of Issue _____

Signature of Applicant _____

Date _____