



**EAU CLAIRE COUNTY SHERIFF'S OFFICE  
BACKGROUND CHECK AUTHORIZATION**

**NAME OF PERSON MAKING THE REQUEST (PLEASE PRINT):**

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Telephone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Other): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**NAME OF PERSON YOU WANT A BACKGROUND ON (PLEASE PRINT):**

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Birth: \_\_\_\_\_

Former Name(s) Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Telephone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Other): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*The information contained in this application is correct to the best of my knowledge. I hereby authorize Eau Claire County Sheriff's Office and its designated agents and representatives to conduct a comprehensive review of my background.*

*I further authorize Eau Claire County Sheriff's Office to divulge any, and all information, verbal or written pertaining to me to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_