RELEASE AUTHORIZATION

In connection with my application for membership to the North Whidbey Sportsmen's Association, I understand that an investigative report may be requested that will include information as to my character, work habits, performance and experience. Further, I understand that you will be requesting information concerning criminal history from various agencies, along with other public records available.

Birth Date

Race

Sex

Social Security #

The following must be filled out completely for your application to be considered. (Please print)

Frist Name

Last Name

Place of Birth (City/State)	Current Address		City	State	Zip	Driver's License # & State		
Other Last Names Used (List all below)	Other States and Counties I have lived as an adult:							
		State	ate		Zip		From (year)	To (year)
	1							
	2							
	3							
	4							
	5							
	6							
	7							
Have you ever been char involved with law enford If yes, what State/County (give details):	ceme y:	nt: Yes	No		What	was th		
*The above information is to be used	l only fo	or identification and	investigati	ve purposes.				
I HEREBY AUTHORIZE, V STATE AGENCY, INSTITU INC. TO FURNISH THE ABO	TION	OR INFORMA	TIONSI	ERVICE BU			•	
I further acknowledge that This release includes all st				X) or photo	ographic cop	y shall b	oe as valid as tl	ne original.
Today's Date:	Sig	gnature:						
This information is being ve	rified	by ORCA Inform	mation, I	Inc. any inf	ormation or o	question	s should be dire	ected to the

Anacortes, WA 98221

PO Box 277

ORCA Information, Inc.

following address: