



## Background Check Letter of Authorization

I, \_\_\_\_\_, authorize the Latino Student Fund to conduct a background check with LexisNexis Screening Solutions as part of the application process to volunteer with the Latino Student Fund.

I understand that a background check is necessary to ensure that I am able to work with children and youth at the Latino Student Fund Tutoring Program, and at other events and volunteer opportunities. All personal information gathered from this screening process will be kept confidential and will only be used by the Latino Student Fund.

I authorize the use of the following information to conduct the background check.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This form may be turned in to the Latino Student Fund by email ([programs@latinostudentfund.org](mailto:programs@latinostudentfund.org)), by fax at 202.244.3757 or in person at the Tutoring Program Orientation on Saturday, August 25, 2012.*