



# A Watchful Eye Home Care Agency

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## AUTHORIZATION TO RELEASE INFORMATION

I certify that the information provided by me to AWE, is accurate and complete. I hereby respectfully request and authorized you to provide AWE, and any agent acting on its behalf with any and all information requested. As part of the inquiry, I understand that such information may include but not limited to complete police and driving record, employment history, medical records, performance evaluations, and other confidential information. I also understand that under this release, AWE Agency will make the obtained information available to me and keep all information confidential.

I hereby release all information providers, AWE Agency, and any agent acting on behalf of AWE Agency, from any and all liability or damage which may result from their giving and receiving of the requested information.

I also understand that any false or misleading statement provided by me will lead to the rejection of my application.

Full Name (Please Print) \_\_\_\_\_

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

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

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

Sex: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

State Issued: \_\_\_\_\_