



**BUSINESS OFFICE**  
7280 Frenchman's Bay #16-1  
St. Thomas, VI 00802  
340-776-1600 X1902  
FAX: 340-776-1019

CONFIDENTIAL

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Last Name/Maiden Name (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

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

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

The information contained in this application is correct to the best of my knowledge.

I, the undersigned, do hereby authorize **Antilles School**, by and through its independent contractor, **IntelliCorp** to conduct a Criminal Background Investigative History Search on me. I understand that this search will include federal, as well as statewide, county and/or territorial criminal history records; and verification of social security number; present and past addresses; and date of birth.

I further authorize any person, court, court agency, and/or law enforcement agency who may have information relevant to this Criminal History Search to disclose same to Antilles School, by and through **IntelliCorp**, including, but not limited to any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release **Antilles School, IntelliCorp**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims, and/or demands of whatever kind, to me, my heirs or other making such claim or demand on my behalf for procuring, providing brokering and/or assisting with the compilation or preparation of the Criminal History Search hereby authorized.

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

<b>OFFICE USE ONLY:</b> REQUESTED BY: _____ DATE: _____ STATUS: _____
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