

## **AUTHORIZATION FOR BACKGROUND CHECK**

(International)

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

investigate my background, including criminal recoqualified for the position for which I am applying.	by authorize the Islamic Society of North America (ISNA) to ords, and qualifications for purposes of evaluating whether I am I understand that ISNA will utilize an outside firm or firms to fically authorize such an investigation by information services may request in writing a copy of the report.)
OR	
I,	ot authorize the Islamic Society of North America (ISNA) to ords, and qualifications for purposes of evaluating whether I am
I understand that I may withhold my permission a application for employment or other position may n	nd that in such a case, no investigation will be done, and my ot be processed further.
Signature of Applicant:	Today's Date:
Name (First, Middle, Last) Printed:	
Date of Birth:	Gender:
Email Address:	Country of Residence:
Current Address:(Number, Street, Apartment, City, Province, Postal	Code)
Government ID (Type and #):	
Passport #:	Country of Issuance:
Mother's Maiden Name:	
Father's Full Name:	
Driver's License Number:	Issuing Agency: Expiration Date:

After signing the form, please return it by scanned email.

Email: sasbury@isna.net