

Caspari Montessori Institute International, Inc.

Consent for Release/Exchange of Confidential Information

Name _____

Date of birth _____ SS# _____

I authorize Caspari Montessori Institute to contact the sources noted below for the release and/or exchange of otherwise confidential information in order to complete my application.

- Personal references
- Previous employers
- Previous educational institutions and training programs
- Department of Public Health and Human Services (child abuse check)
- Identification Bureau (criminal records check)
- Other (specify) _____

I attest that I have been totally honest and truthful in providing complete and accurate information and answering all questions on my application.

I certify that I have the legal authority to authorize the disclosure of the information involving the person named above.

I understand that this authorization will become effective immediately and will remain in effect for five years. Furthermore, this authorization is subject to revocation, preferably in writing, at any time by notifying Caspari Montessori Institute.

A photocopy or facsimile of this document is as valid as the original.

Signed: _____ Date: _____
Applicant signature or legal guardian for those under the age of 18

Witness signature: _____

Applicant information (please print)

Name _____ phone _____

Address _____
Street or PO Box City State Zip
