



## AUTHORIZATION FOR CRIMINAL HISTORY CHECK

I release Vantage Hospice, LLC, its officers, employees and agents from any and all liability from the results and preparation of any reports concerning my background or myself. I understand that a criminal history report will be requested from the Texas Department of Public Safety.

I authorize Vantage Hospice, LLC, to submit a request for a Criminal History Check to the Texas Department of Public Safety.

Date:

Print Name:

Signature:

DL Number:

Maiden Name:

Date of Birth:

SS#:

Race:

Sex: