



## DOGS FOR INVISIBLE DISABILITIES

33821 Brewster Rd  
Lebanon, Oregon 97355  
541-974-0327

Email: [info@dogsforinvisible disabilities.com](mailto:info@dogsforinvisible disabilities.com)  
<http://www.dogsforinvisible disabilities.com>

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### Authorization to obtain Criminal Background History

I, \_\_\_\_\_, authorize Dogs for Invisible Disabilities to obtain my criminal background information including arrest and prosecutions.

First Name:  
Last Name:  
Aliases or other Know As:

Middle Name:  
Maiden Name:

Address  
City  
Home Phone

State  
Cell Phone

Zip

Social Security Number:

Driver License Number & State:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date