



## The Islamic Society of North America

### AUTHORIZATION FOR BACKGROUND CHECK

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

I, \_\_\_\_\_, hereby authorize the Islamic Society of North America (ISNA) to investigate my background, including criminal records, and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that ISNA will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. (You may request in writing a copy of the report.)

**OR I,** \_\_\_\_\_, do not authorize the Islamic Society of North America (ISNA) to investigate my background, including criminal records, and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment or other position may not 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: \_\_\_\_\_  
(Street Address, Apartment, City, State, Zip Code)

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

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**After signing the form, please return it by scanned Email to [sasbury@isna.net](mailto:sasbury@isna.net)**