



Visiting Nursing Association

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APPLICANT'S AUTHORIZATION
FOR
RELEASE OF INFORMATION
(Read carefully before signing)

I hereby authorize the individuals / institutions named on my application for employment to furnish VNA with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not.

I authorize the VNA to conduct a criminal background check.

I acknowledge and authorize the usage of photocopies of this release to be the same as original when submitted to the individuals / institutions named.

Signature _____ Date _____

Other names by which I have been known:

Exclusions:

2530 University Avenue, Suite 3 • Waterloo, IA 50701 • Ph. (319) 235-6201
Fax (319) 232-7296 • Email: vna@vnawaterloo.org