

NSOPW Authorization Form

I, _____ voluntarily authorize Tropical Texas Behavioral Health to initiate a criminal background investigation as required by the National Sex Offender Public Website (NSOPW). I understand that the information will be provided and released to TTBH *as requested by Methodist Healthcare Ministries of South Texas, Inc.* in accordance with applicable statutes.

In connection with this request, I authorize any organization, law enforcement/criminal justice agencies, city, state, county and federal courts associated with the NSOPW registry to release information they may have about me and release all such parties from all liability which may result from furnishing such information.

I certify that all the information provided by me in connection with this form is true, accurate and complete.

This authorization, in original, fax, electronic or copy form, shall be valid for this and any future reports or updates that may be requested.

As a condition of employment this information is being requested to conduct a background investigation on you.

**** You must submit a copy of your Driver’s License with this form. ****

Complete full name as it appears on your Driver’s License.

Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Signature: _____

Date: _____