



**Wisconsin Interscholastic Horsemanship Association  
Authorization to Release Information Form**

**Note: submitting an incomplete or illegible form may delay the background check results.**

**Print Name:** \_\_\_\_\_

**Other names you have used** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Street Name & Number

City

State

Zip Code

If you have lived in Wisconsin less than 5 years, please list previous address below.

\_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Driver's License#** \_\_\_\_\_

**Social Security number** \_\_\_\_\_

*Have you been background checked by the WIHA previously?* \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Since your 18<sup>th</sup> birthday, have you been convicted of a felony or felony-reduced to misdemeanor conviction by any court? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

If yes, please indicate date, location and explanation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_