



**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 18th 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: _____