

NORTHWEST ASSOCIATION FOR BIOMEDICAL RESEARCH

Background Authorization

Mail Signed Form to:

NWABR

100 W Harrison, N Tower, Ste. 430

Seattle, WA 98119

(206) 957-3337

Fax: (206) 282-2214

*NWABR conducts background checks through Washington State Patrol WATCH (Washington Access to Criminal History). All prospective advisors must complete the following information.*

Advisor Name: _____ Last First Middle
Alias/Maiden Names: _____
Date of Birth: _____ Gender: _____ Race: (optional) _____ Month/Day/Year
Social Security: (optional) _____

Have you ever been convicted of, or do you have charges pending for any crime? .....  Yes  No  
If yes, give the crime, the conviction date or charge status and the state where it occurred.

\_\_\_\_\_

Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? .....  Yes  No  
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.

\_\_\_\_\_

Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? .....  Yes  No  
If yes, give date, court, and the state where it occurred.

\_\_\_\_\_

*I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as an advisor. I authorize NWABR to obtain background information including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privileged nature. I hereby release NWABR, the state of Washington, and others from any liability or damage that may result from furnishing this information.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date