

**Clifford W. Beers Guidance Clinic, Inc.**

**State Police Background Check Authorization**

I have been informed by the Clifford W. Beers Guidance Clinic, Inc. that a State Police background check will be conducted on me as a new employee of one of the Clinic's programs. This check is conducted in accordance with Connecticut Public Act 94-117. I understand that any information from the State Police will be sent to the Executive Director and all information will be kept confidential.

\_\_\_\_\_  
Employee name (*PRINT full name including Maiden*)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness