

## **Verification Authorisation**

I, \_\_\_\_\_, give Patrick Henry Memorial Foundation, Inc., permission and written authorisation to verify all information in my submittal application and attachments for the position of Executive Director and to perform other reasonable and standard background checks of work history, character, driving record, credit history, criminal record, academic transcripts, and any other written or verbal statements or representations made by me or others on my behalf.

I also understand that the Foundation may require random drug tests before and during employment.

Signed:

Name (printed):

Date:

Address: