



AUTHORITY TO RELEASE INFORMATION

I understand that in verifying my application to be considered as a potential candidate for the Board of Directors of the Kauai Island Utility Cooperative (KIUC), a background check may be required. I hereby authorize KIUC to perform a background check regarding criminal records and other information provided on this form and on my application. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A report may be generated summarizing this information.

I further understand and waive my right to privacy regarding the background check and release and hold harmless KIUC and its agents from any liability.

I have a right to obtain a copy of the background check by directing a written request to KIUC.

I certify that all statements and answers on my application are true and complete to the best of my knowledge. I understand that if any statements are found to be false or misleading or that if information has been omitted, this will be cause for disqualification.

Last Name	First Name	Middle Name
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Previous Name/Maiden Name/ A.K.A.'s	Date of Change
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Street Address

City	State	Zip Code
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Please list the cities and states you have lived in, if the above address does not encompass seven (7) years

Social Security No.	Date of Birth
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Driver's License Number

**I understand that a photocopy of this authorization would be accepted with the same authority as the original.
This release will expire one year after the date of origination.**

Signature	Date
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