



## TMSA PUBLIC CHARTER SCHOOLS BACKGROUND CHECK AUTHORIZATION FORM

I, ....., authorize TMSA Public Charter Schools to conduct a background check as part of my internship application. I understand that this is a requirement for participation in the program.

- Full Name: .....
- Date of Birth: .....
- Social Security Number: .....
- Address:.....
- TMSA Location: .....

Signature: .....

Date: .....