

Authorization and Release  
Criminal Background Check

I authorize and request that federal, state, and local government agencies release to Northern Community Mediation all information possessed by them concerning any criminal convictions on my record. I release such federal, state, and local agencies, and Northern Community Mediation from any and all liability or claim(s) relating to the release of such information, or its application to decisions regarding my position as mediator for Northern Community Mediation.

I also authorize Northern Community Mediation to use an internet reporting agency to perform the criminal background check on me.

This also acknowledges I have read and agree with Northern Community Mediation's policy on criminal background checks and have been given a copy of that policy.

A photocopy or facsimile of this signed authorization and waiver will be valid as an original.

\_\_\_\_\_  
Name of Mediator/Staff Member (print or type)

\_\_\_\_\_  
Date of Birth of Mediator/Staff Member

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mediator/Staff Member