



**Colorado Bureau of Investigation  
Background Check Authorization  
For ABLE Residential Services**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Male / Female**

**This information is used for background check purposes only.**

I, \_\_\_\_\_, authorize ABLE to perform a Colorado Bureau of Investigation background check, and federal bureau of investigation background check if deemed necessary.

**Signature:** \_\_\_\_\_