



Nashville  
Chattanooga  
Cookeville  
Jasper/Residential

## **THERAPEUTIC INTERVENTIONS, INC.**

### **RELEASE OF INFORMATION STATEMENT**

I authorize **Therapeutic Interventions, Inc.** to make all necessary investigations concerning me or my actions in order to assess my eligibility for employment with the agency.

I further authorize the release of records or other materials pertinent to my qualifications and authorize and request each former employer, reference source, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my eligibility for employment. I release all such entities and their agents from liability on account of the disclosures sought in connection with my eligibility for employment.

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Name of Applicant (please print)

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Signature of Applicant

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Social Security Number

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Driver=s License Number

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Date

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*Revision Date: May 1, 2001*

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