

## VERIFICATION AUTHORIZATION

I, \_\_\_\_\_, hereby give the Historical Society of Western Virginia (the "HSWV") permission and authorization to verify any and all information submitted by me, whether orally or in writing and whether submitted by me or by someone else on my behalf or at my request, to the HSWV and to perform other background checks on me, including, without limitation, checks of my credit history, criminal record, driving record, academic transcript and employment history.

I also acknowledge and agree that the HSWV may require random drug tests both before and during my employment there.

By: \_\_\_\_\_

Name (print): \_\_\_\_\_

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