

Background Check Variance Request
Recommendation Letter

This form is not required to be used, but can be used as it identifies all information needed from the individual providing the reference.

This reference is being provided for

Printed Name of Individual

My name is:

My contact information is:

Phone:

Email:

My relationship to this individual is:

(Reference person may not be related to the individual nor affiliated with the provider for whom the individual desires to work)

I have known this individual for:

I understand this individual is applying to work, volunteer, or otherwise be affiliated with an entity that provides services to vulnerable populations. Yes No

I am aware of the individual's past history that is preventing the individual from affiliating with an entity that provides services to vulnerable populations. Yes No

Please provide additional information regarding this individual as to why you recommend a background check variance be granted:

Signature:

Date: