CONFIDENTIAL NOTICE OF IDENTIFYING INFORMATION & CONSENT TO ELECTRONIC BACKGROUND CHECK

This identifying information, below, is hereby submitted confidentially in connection with the Court's review of a Professional Guardian File maintained by the Clerk of the Circuit Court for Hillsborough County, Florida; and, the undersigned professional guardian or employee of a professional guardian or guardianship agency, hereby consents, by signing below, to appropriate court staff conducting an electronic background check in connection with this Court review process.

Full Name:	
Other Names Used:	
S.S.N.:	
Date of birth:	
Driver's License Number:	
Signature	 Date