

Host Family Tao ID Number _____

Host Family Background Check

The U.S. Department of State has mandated that families hosting foreign exchange students undergo a background check. All family members in the home who are 18 years of age or older must be checked. We ask for your cooperation by completing this form and returning it to Tao by email at host@taogroupintl.org

My signature below authorizes **Tao** to conduct a background check with the personal information I have provided. This background check may include, but is not limited to, my driving history; a social security number verification; present and former addresses; and police records. I understand that this authorization and release shall be valid for subsequent checks during my period of hosting with **Tao**.

As a host family member with **Tao**, I hereby attest to the truthfulness of the representations I have made. If any statement I have made is found to be false, my host family status with **Tao** may be revoked, regardless of the time elapsed before discovery.

I hereby release and agree to hold harmless from liability any person or organization that provides this information. I also agree to hold harmless **Tao**, and its staff, employees, and volunteers.

Host Family Address

Street Address: _____

City: _____ State: _____ Zip: _____

Host Parent

Last Name: _____ First Name: _____ Full Middle: _____

Birth Date: _____ Gender: Male Female SSN: _____ - _____ - _____

Signature: _____ Date: _____

Host Parent

Last Name: _____ First Name: _____ Full Middle: _____

Birth Date: _____ Gender: Male Female SSN: _____ - _____ - _____

Signature: _____ Date: _____

Host Family Tao ID Number _____

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As a host family member with **Tao**, I hereby attest to the truthfulness of the representations I have made. If any statement I have made is found to be false, my host family status with **Tao** may be revoked, regardless of the time elapsed before discovery.

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Host Family Address

Street Address: _____
City: _____ State: _____ Zip: _____

Other Family Member (age 18 or over)

Last Name: _____ First Name: _____ Full Middle: _____
Birth Date: _____ Gender: Male Female SSN: _____ - _____ - _____
Signature: _____ Date: _____

Other Family Member (age 18 or over)

Last Name: _____ First Name: _____ Full Middle: _____
Birth Date: _____ Gender: Male Female SSN: _____ - _____ - _____
Signature: _____ Date: _____

Other Family Member (age 18 or over)

Last Name: _____ First Name: _____ Full Middle: _____
Birth Date: _____ Gender: Male Female SSN: _____ - _____ - _____
Signature: _____ Date: _____