

SAS Sharing of Screening Results Request Form

1)

Background Screening Applicant Information (as disclosed on original):

FULL First Name	Full Middle Name	Last Name
Social Security No. _____	Date of Birth _____	

Applicant Signature	Date
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2)

Fiscal Agent (Original):

- Acumen Fiscal Agents, LLC
- Leonard Counseling, LLC
- Morning Star Financial Services

Original/Fiscal Agent Signature of Approval:

Signature	Date
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3)

Sharing Fiscal Agent (Sharer):

- Acumen Fiscal Agents, LLC
- Leonard Counseling, LLC
- Morning Star Financial Services

Copy/Fiscal Agent Signature of Approval:

Signature	Date
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4)

To complete process fax Sharing Request Form and copy of screening to..
 Attention: Michele Stewart
 801-538-4669

Michele Stewart
 DHS/Office of Licensing
 195 North 1950 West
 Salt Lake City, Utah 84116
 Phone: 801-538-4259