



Background Consent/Release Form

Applicant's Legal Name (printed)

Social Security Number _____ **Date of Birth** _____

E-Mail Address: _____

Applicant's Address: _____

City _____ **State** _____ **Zip** _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

**Criminal background records/information
Sex Offender Registry Checks
Addresses
Social Security Verification**

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ **Date:** _____

Signature: _____