

PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT



BACKGROUND CONSENT / RELEASE FORM

APPLICANT'S LEGAL NAME (printed) _____

SOCIAL SECURITY NUMBER ____ - ____ - ____ DATE OF BIRTH ____ / ____ / ____

APPLICANT'S STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

ASSOCIATION _____ POSITION / ROLE _____

RACE / ETHNICITY _____ GENDER _____

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 _____

DRIVER'S LICENSE # _____