

To Whom It May Concern:

I am an applicant for a position with Appleton East Youth Basketball Association. I understand that there is a need to thoroughly investigate my background to evaluate my qualifications to hold the position for which I have applied. It is in the public's safety interest that any relevant information concerning my personal and employment history is disclosed to Appleton East Youth Basketball Association, via DIVERSIFIED investigations, llc.

I hereby authorize any employee of DIVERSIFIED investigations, llc to obtain any and all information, written or oral, typed or hard copy, which you may have concerning me, including any criminal or driving record, police contacts including: arrest information, suspect information, history of medical/mental contacts, warnings, reporting person, investigatory file complaints, grievances, civil, criminal, and any other records relating to my reputation, conduct, and financial and credit status as listed on the consent form which I have signed.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Appleton East Youth Basketball Association to consider in determining my suitability for employment with Appleton East Youth Basketball Association.

It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to the release of any and all public and private information that Appleton East Youth Basketball Association has concerning me.

I hereby release and hold harmless any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature. **I direct you to release such information upon request of the representative of DIVERSIFIED investigations, llc, regardless of any agreement I may have made with you previously to the contrary.** Appleton East Youth Basketball Association will discontinue processing my application if you refuse to disclose the information requested.

I hereby waive my rights held under Wisconsin Supreme Court decision in Woznicki v. Erickson, 202 Wis. 2d 178, 193 (Wis. 1996), that allows me to inspect, review, personally view, or have produced to me the contents of this background investigation, including having the circuit court review your decision to release these records. I further understand that the released documents may adversely implicate my privacy interest and/or reputation.

A photocopy of this one-page authorization, when supplied by an employee of DIVERSIFIED investigations, llc, shall be for intent and purpose as valid as the original. You may retain the photocopy for your files.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The above named person personally came before me and signed this Authorization for the Release of information and Release form Liability after having had the opportunity to review the same.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name of witness