

AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR THE PROCUREMENT OF A BACKGROUND REPORT

I consent to have a consumer report made as to my social security information, criminal record, motor vehicle driving record *, and other pertinent information for the purpose of the CHILD AND YOUTH PROTECTION PROGRAM. I hereby authorize FIRST UNITED METHODIST CHURCH OF KELLER to obtain a background report containing the foregoing information from Securint, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Securint within a reasonable time after I execute this authorization. I am aware that FIRST UNITED METHODIST CHURCH OF KELLER AND THE CHILD AND YOUTH PROTECTION PROGRAM may repeat this process randomly and without notice.

I also authorize and request every person, firm, company, corporation, government agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish the same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Securint, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Securint, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Securint, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Date Signature

Printed Name: _____ Social Security No. _____ **

Address: _____ Date of Birth: _____ **

City/State/Zip: _____

*Motor Vehicle Driving Records will only be obtained for those persons who will be transporting children and youth in a church owned vehicle or personal vehicle.

**Responses to these questions are for verification purposes only. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.