

PARISH/SCHOOL NAME _____



EMPLOYEE/VOLUNTEER DISCLOSURE AND AUTHORIZATION

In connection with my employment/volunteerism a background report is being requested from AMERICANCHECKED, INC. Such reports will contain public record information concerning your driving record, social security number verification, address locator information, criminal records, etc., from federal, state and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency.
You may view AmericanChecked Inc.'s privacy policy at their website: www.americanchecked.com.

If hired or accepted as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of background reports at any time during my employment/volunteerism or contract period. This authorization is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired or my employment/volunteerism.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

Current Address _____ How long? _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____