



Suwannee Parks & Recreation 3434

Background Consent/Release Form

Applicant's Legal Name (printed)

Last Name	First Name	Middle Name
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Address: _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

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: _____

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your volunteering.