

For Office Use Only: Hired Staff _____ Volunteer _____ Team # _____ Coach _____ Asst. Coach _____
Previous Hire/Volunteer _____ Program: _____ Lead: _____

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, authorize and give consent to the City of Kennewick to obtain information about me, including the following:

- Criminal background records/information
- Sex Offender registry checks
- Address
- Social Security Number/Birth Date

I hereby authorize consumer reporting agency, *Talentwise*, or any law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the City of Kennewick

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the City of Kennewick.

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. This release is binding until revoked in writing.

Please Complete All Sections: (Please print legibly)

Full Name _____
(First Name) (Full Middle Name) (Last Name)

Previous Names/Maiden Name _____

Current Address _____

City/State/Zip: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Signature _____

Date _____

<u>FOR OFFICE USE ONLY:</u>		
Talentwise	Clear ___	Alert ___
KPD	Cleared ___	Denied ___ Advise CA ___