

AUTHORIZATION FOR BACKGROUND CHECK

(Please complete and sign this form in the space provided below. Any and all information obtained from this authorization will be subject to the DRC's privacy policy.)

Print Name: _____
First Middle Last

Former Name(s) and Dates Used: _____

Current Address Since: _____
(MM/YY) (Street) (City) (Zip/State)

Previous Address From: _____
(MM/YY) (Street) (City) (Zip/State)

Previous Address From: _____
(MM/YY) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Email: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Alternative Dispute Resolution Center- Central Brazos Valley, Inc. ("the DRC") and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand the scope of the consumer/investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences, civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the DRC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the DRC, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or 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, family, or associates because of compliance with this authorization and request to release.

Signature of Applicant

Date