

Staff use only:  
Received by: \_\_\_\_\_  
Ordered BG Check:  
Date: \_\_\_\_\_  
Cleared: Y / N



## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I authorize VeriScreen, Inc. to obtain and prepare an investigative consumer report, as part of its investigation of my employment or volunteer application. This authorization shall remain in effect over the course of my employment or volunteer time.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please complete the below information if coaching:**

Shirt Size: \_\_\_\_\_ Sport: \_\_\_\_\_ Age Division: \_\_\_\_\_ Team: \_\_\_\_\_