

**DISCLOSURE, CONSENT, AND AUTHORIZATION
TO RELEASE INFORMATION**

I, _____, understand that in connection with my application for employment, promotion, or as a volunteer, a background investigation report and a consumer report may be requested. These reports may contain information as to my character, general reputation, personal characteristics, or mode of living. I hereby authorize Gulf Breeze United Methodist Church (GBUMC), itself or by and through its authorized agents TRAK-1 and Landrum Professional Services, Inc., to request the release of information to the fullest extent permitted by state and federal law regarding any record of criminal charges or convictions maintained on me, whether that information or record is in a local, state, or national file or record, and including but not limited to accusations and convictions for crimes committed against minors. I also hereby authorize and request any former employer, school or higher education institution, law enforcement agency, government agency or other persons having personal knowledge about me to furnish GBUMC, TRAK-1, and/or Landrum Professional Services, Inc. with any and all information in their possession regarding me. I also do release the information or record holder from all liability that may result from any such disclosure made in response to this request.

I also hereby give my consent to GBUMC, TRAK-1, and/or Landrum Professional Services, Inc. to inquire into and/or obtain any records such as and pertaining to previous employment, references, educational, motor vehicle records, worker compensation, drug and alcohol results, credit and criminal histories, and also to request and obtain criminal background, driver's license, and motor vehicle records about me.

I also acknowledge and agree that a photocopy, fax, or electronic/PDF copy of this authorization can be accepted with the same authority as the original. I acknowledge that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I understand that my authorizations and consents given herein will apply throughout my employment or volunteer status with GBUMC. I have read and understand this disclosure, consent, and authorization form.

Signature of applicant: _____ Date: _____

Print Applicant's name (first, middle, maiden, last): _____

Print all other names or nicknames that have been used by Applicant (if any):

Date of Birth (mm/dd/yyyy): _____

Place of Birth: _____

Social Security Number: _____

Driver's license number: _____

State issuing license: _____

Current Address	City/State	Zip Code	County	Length of Time at This Address
Previous Address	City/State	Zip Code	County	Length of Time at This Address
Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
Next Previous Address	City/State	Zip Code	County	Length of Time at This Address

[Please provide all your addresses for the past ten (10) years, using additional sheets if necessary.]