



Summer Day Camp Background Consent/Release Form

Applicant's Legal Name (printed) *You must put your full name that is on your social security card*

Social Security Number _____ Date of Birth _____

Phone Number _____

Applicant's Address

City _____ State _____ ZIP _____

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 this 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:
