



National Background Screening Consent Form



SPORT affiliated with (**CIRCLE ONE**): FOOTBALL LACROSSE

*****High School** your Feeder Program is affiliated with: _____

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

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:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____

Scan to: SSCITEAM@ssciz000.com or Fax to: 866-996-1292

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