



**DISCLOSURE AND  
AUTHORIZATION TO RELEASE INFORMATION**

I understand that in connection with my application as a volunteer for the purpose of attending **Go Tell Camp**, a background check is requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any law enforcement agency, government agency or other persons having personal knowledge about me to furnish Data Facts, Inc. with any and all information in their possession regarding me.

I understand and offer my consent for Data Facts to inquire into and/or obtain any records such as motor vehicle records and criminal histories.

I acknowledge that electronic acceptance of this authorization be accepted with the same authority as an original. According to the Fair Credit Reporting act, I am entitled to know if my service/attendance is denied because of information obtained from the Consumer Reporting Agency. If so, I may contact Data Facts, Inc. and will be given the name and address of the agency or the source, which provided the information.

I understand that my consent will apply throughout my volunteer status, to the extent permitted by law. I have read and understand this disclosure and consent form.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Full Name (please print)

\_\_\_\_\_  
Maiden Name/Former Married Name (If name has changed in the last 7 years)

\_\_\_\_\_  
Driver's License Number / State Issued

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Current Address City/State Zip Code County Length at Address

\_\_\_\_\_  
Former Address City/State Zip Code County Length at Address

\_\_\_\_\_  
Former Address City/State Zip Code County Length at Address

\_\_\_\_\_  
Former Address City/State Zip Code County Length at Address

\_\_\_\_\_  
Applicant Email address Applicant Phone Number (include area code)

**NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS**

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