

NATIONAL BACKGROUND INVESTIGATIONS, INC. APPLICANT RELEASE AND AUTHORIZATION FORM

I, the undersigned consumer, do hereby authorize **National Background Investigations, Inc. (NBI)** to procure an investigative consumer report on me for purposes of my volunteer work with Western Howard County Soccer, Inc. (WHCS). These reports may include, but are not limited to, social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I hereby authorize WHCS or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background for volunteer or employment - screening purposes. I hereby fully release and discharge WHCS or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Further, I certify that the information contained on this Authorization form is true and correct and that my association with WHCS, Inc. may be terminated based on any false, omitted, altered or fraudulent information:

Signature: _____ **Date:** _____

APPLICANT INFORMATION (Please Print Clearly)

Printed Full Name: _____

First
Middle
Last

Other Names Used (Alias, Maiden, nickname, etc.): _____

Current Address: _____

Street
Dates (From- To)

City State Zip

Former Address: _____

Street
Dates (From- To)

City State Zip

Date of Birth: _____