Sylvania Recreation

Authorization and Release
For the Procurement of an Investigative Report

I, the undersigned, do hereby authorize Sylvania Recreation to procure an investigative report on me that includes social security verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to National Security Assurance, LLC if such is made within a reasonable time after the date thereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity, or government agency who may have information relevant to the above to disclose to Sylvania Recreation, including by not limited to, any and all courts, public agencies and law enforcement agencies regardless of whether such person, business entity or governmental agency compiled information itself or received it from other sources.

I hereby release Sylvania Recreation, National Security Assurance, LLC and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such a claim or demand on my behalf, for providing an investigative report hereby authorized. I understand that this Authorization/Release Form shall remain in effect for the duration of my association with _____ County.

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION

_____ _____ _____
Full First Name Full Middle Name Full Last Name

_____ _____
Other Names/Dates Social Security Number

_____ _____ _____
Date of Birth (MM-DD-YY) Daytime Telephone Nighttime Telephone

_____ _____ _____
Sport Coaching Head Coach's Name Grade/School Coaching

_____
Current Street Address (Include City, State and Zip Code)

Have you ever been convicted of a crime or convicted in a military court martial? Yes No

Are you currently under any investigation or have a pending charge? Yes No

I certify that the information contained on this Authorization/Release form is true and correct and acknowledge that I may be precluded from coaching due to false, omitted or fraudulent information.

_____ _____
Signature Date