



AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

(Revised March 2006)

I, the undersigned, do hereby authorize Anne Arundel County Department of Recreation & Parks, by and through its independent contractor, Kroll Background America, Inc., 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 Kroll Background America, if such is made within a reasonable time after the date hereof. 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 governmental agency who may have information relevant to the above to disclose the same to Anne Arundel County Department of Recreation & Parks, by and through Kroll Background America, 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 Anne Arundel County Department of Recreation & Parks, by and through Kroll Background America 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 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 Anne Arundel County.

**INDIVIDUAL'S NAME IS POSTED ON R&P'S WEBSITE WHEN BACKGROUND IS COMPLETE
BACKGROUND CHECKS ARE GOOD FOR THREE YEARS
PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION**

FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME
--	--	--
OTHER NAMES / DATES		SOCIAL SECURITY NUMBER
-- -- 19	() --	() --
DATE OF BIRTH (MM-DD-YY)	DAYTIME TELEPHONE	NIGHT-TIME TELEPHONE

CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE
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LIST ALL PREVIOUS ADDRESSES (COUNTY & STATE) FROM AGE 18 TO PRESENT

<p>1. <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;">COUNTY</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">STATE</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">DATES</td> </tr> </table> </p>	COUNTY	STATE	DATES	<p>3. <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;">COUNTY</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">STATE</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">DATES</td> </tr> </table> </p>	COUNTY	STATE	DATES
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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	ORGANIZATION / TROOP NUMBER
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