



DISCLOSURE FORM

By this document, _____

discloses that you are selecting to provide requested personal information to obtain a consumer report. A "consumer report" is a background screening report that may include, but not limited to, information about your state police criminal history record; sex offender registry status; healthcare exclusion status; credit history; driving history; education history; employment history; professional licenses; name; drug and alcohol tests; social security number; and other information. This information may provide insight on your character, general reputation, personal characteristics and mode of living. This may be obtained as part of the approval process for volunteering purposes and at any time during your volunteering, to evaluate you for reassignment or retention.

Please sign below to acknowledge the receipt and understanding of this disclosure.

Signature

Date

Printed Name



AUTHORIZATION FORM

By signing below, you acknowledge that: (a) you received a separate disclosure document, (b) it is clear and conspicuous, (c) you read and understood it in its entirety.

I authorize and permit _____
to request information for a consumer report.

I authorize the complete disclosure and release of these records or data pertaining to me that an individual, company, firm, corporation or public/governmental agency may have and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the requesting company or its designated agents with any and all information in their possession regarding me in connection with an application to volunteer.

I authorize Background Research Solutions, LLC and its designated agents, members, and representatives to perform search request(s) and obtain information about me for a consumer report.

I authorize Background Research Solutions, LLC to disclose and release obtained information to the above listed company, its designated agents and representatives, and/or with others for legitimate business purposes in connection with an application to volunteer. Further, I understand Background Research Solutions, LLC only providing information requested and is not rendering or offering opinion on my volunteering eligibility.

Your authorization releases Background Research Solutions, LLC and its agent from all liability for damages, of whatever type or nature, that may occur from inaccurate information in any or all federal, state or county jurisdictions and Louisiana State Police criminal history records, including court costs and reasonable attorney fees suffered by any person, including the undersigned arising from the request and disclosure of the requested information. Further, your authorization releases and discharges from all liability any companies, agencies, officials, officers, employees and other persons, who provide the above-mentioned requested information.

Should a consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

Please print clearly and complete the form entirely

Print Full Name						
Maiden Name or Alias						
Date of Birth				Social Security Number		
Current Address						
City				State		Zip
Race				Gender		
Driver's License Number				State Issued		
Applicant's Signature				Date		