

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your employment/volunteer application or retention as an employee, consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including, but not limited to criminal records, driving record, social security number verification, date of birth verification, current and previous residences, workers compensation claims and others. These reports may include experience information along with reasons for termination of past employment. Information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize and request, without any reservation, that any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you furnish any and all background information in their possession regarding you, in order that your qualifications may be evaluated. You further authorize ongoing procurement of the above mentioned reports at any time during your employment, contract, or tenancy. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. You may, upon providing proper identification and paying any legally permissible fees, request that the provider[s] of any consumer or investigative consumer reports provide you with a copy of the information on you in its files at the time of your request.

By signing below, you hereby release Starlight Children's Foundation, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs, family or associates because of compliance with this authorization and request to release information. You may be contacted as indicated below. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report or investigative consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report or investigative consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report or investigative consumer report.

Print your Name:

First	Middle	Last	Suffix (Jr., III., etc.)
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Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____

Other or Former Names (including maiden name, if applicable):

Signature: _____ Date: _____
(if volunteer is under 18, a parent must sign)