

# AUTHORIZATION TO RELEASE INFORMATION & RECORDS

*As part of our hiring policy, Camp Sunshine obtains background checks on all persons applying to be a volunteer and/or employee.*

**I hereby authorize CAMP SUNSHINE, IntelliCorp Records, INC. and/or any of their authorized agents to receive any criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.**

I, \_\_\_\_\_  
Last Name First Name Middle Name

Current Address \_\_\_\_\_

Dates Lived Here \_\_\_\_\_

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Other Names Used (including maiden name) \_\_\_\_\_

Years Other Names Were Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize verification of all information in my employment or volunteer application from all sources and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc and Camp Sunshine** for identification purposes and for the release information which will be considered in determining any suitability for employment.

I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_