## Request, Authorization, Consent and Release For Background Information

PLEASE PRINT:

I: _____ _____ _____

FIRST NAME MIDDLE NAME LAST NAME

(PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my association as a Pet Partner volunteer with READing Paws. READing Paws may use the services of an outside agency to research and verify the information I have provided. This agency will provide a written report of its findings to READing Paws. READing Paws will use IntelliCorp Records Inc Records Inc, a consumer-reporting agency, as an agent to perform its background investigations.

Above named consumer reporting agency, IntelliCorp Records Inc, may utilize various sources of information it deems appropriate including but not limited to: criminal conviction records and sexual offender records. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to READing Paws and IntelliCorp Records Inc, consumer reporting agency.

I request, authorize, and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, character, and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by READing Paws if my participation with READing Paws is denied because of information obtained from a Consumer Reporting Agency and I will automatically receive a copy of the report. Additionally, I understand that if requested within 60 days, I will be given a copy of the report. Such requests must be in writing, signed by the volunteer, and submitted to the organization.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS FOR POSITIVE IDENTIFICATION PURPOSES. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE. I HEREBY RELEASE READING PAWS AND ITS AGENTS, INTELLICORP AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

_____ _____

Signed Today's Date

_____

Printed Name (Please use given name)

_____-____-_____ ____/_____/____

Security Number Date of Birth

Other names you have used or are also known as:

_____