

AUTHORIZATION TO RELEASE INFORMATION

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 Used

Social Security Number Driver's License # State

E-mail address (may be used for official correspondence)

Do hereby authorize a background check, *through IntelliCorp Records, Inc.* for the following information:

- a multi-state criminal background search, which will include any misdemeanors or felonies of mine.
- a Social Security number verification, which includes the validity of my number, where and when it was issued and a list of my past residences.
- a Terrorist search of my past.

And *through the Washington State Department of Motor Vehicles*

- a Washington State Motor Vehicle report of my driving history.

I authorize the Diocese of Olympia, the Episcopal Church in Western Washington and

_____ of _____
name of staff person *name of Congregation*

to request and receive such information. I understand that information appearing on this Authorization will be used exclusively by Intellicorp Records, Inc. for identification purposes and for the release of information and that the released information will be held in confidence by the Canon to the Ordinary of the Diocese of Olympia and the staff of _____ Episcopal Church. I further understand that I have the right to request IntelliCorp Records, Inc. (upon proper identification) to provide to me the nature and substance of all information in its files on me at the time of my request.

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a position or for my discharge if I have already been chosen.

I have read and understand the above provisions.

Signature

Date