



## RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release The city of Lynn Haven, its affiliated companies, its subcontractors, and/or its agents (collectively, herein after referred to as the "City") to procure consumer reports on me including, but not limited to information concerning my character and general reputation. These reports may be obtained through, but not limited to the following sources: motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer report(s) authorized therein.

If I am selected as a volunteer for the City, I understand and authorize that periodic investigations may be requested for the duration of my association with the City. I understand that this release and authorization shall remain in effect for the duration of my association with the city. Additionally, I hereby authorize the City to investigate any incidents of misconduct made against or involving me both during and after the term of my association with the City.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the City's sole judgment, will be cause to cancel further consideration of my application for a volunteer and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of acceptance is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

### I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print:**

Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
          First           Middle           Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Gender (Check One): [ ] Male [ ] Female

Driver's License #: \_\_\_\_\_      Issuing State: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_ Email Address: \_\_\_\_\_

Division: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

Note\* Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the City. The city does not discriminate on the basis of sex, religion, veteran status, age, or disability.