



Background Check Authorization

Print Name: _____
 First Middle Last

Former Name (s) and Dates Used: _____

Current Address Since _____
 (Mo/Yr) Street City Zip/State

Previous Address From: _____
 (Mo/Yr) Street City Zip/State

Previous Address From: _____
 (Mo/Yr) Street City Zip/State

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained on this form is correct to the best of my knowledge. I hereby authorize Bethel College and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes for the Host family program.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas:

- County Criminal (includes counties that the individual has lived in for the past 5 years).
- Nationwide Record Indicator with SOI (nationwide database used to identify potential search locations at the county level or within the National Sex Offender Registry).
- Residency History (current and previous residencies).

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Bethel College or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Bethel College, the Social Security Administration, and its agents, officials, representative, 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 me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____