## AUTHORIZATION FOR RELEASE OF INFORMATION

#### (Carefully read this authorization to release information – sign and date below)

I hereby authorize a representative of the City of Mountain Home and a'TEST Consultants, Inc., to obtain any information relating to my activities. Sources include schools, employers, residential management agents, individuals, criminal justice agencies, credit bureaus, Department of Motor Vehicles, collection agencies, retail business establishments and other Consumer Reporting Agencies (CRA). This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, credit, employment, driving and law enforcement history and records.

I further authorize any and all present and former employers, school administrators, financial institutions and any other custodians of records pertaining to me to release such information upon request of a duly authorized representative of the City of Mountain Home and a'TEST Consultants, Inc. I acknowledge that the City of Mountain Home and a'TEST Consultants, Inc., is not responsible for the content of information obtained from public and private repositories and hereby waive all liability against the City and a'TEST Consultants, Inc.

a'TEST Consultants, Inc. is hereby authorized to disclose all information obtained through its investigations to the requesting entity for the purpose of making a determination as to my eligibility for **PARTICIPATION IN THE MOUNTAIN HOME RECREATIONAL YOUTH SPORTS LEAGUE ACTIVITIES AS A COACH OR OFFICIAL,** continued **PARTICIPATION AS A COACH OR OFFICIAL**, or, other lawful purpose.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two years from the date signed.

CLEARLY PRINT Full Name As It Appears On Birth Certificate		CLEARLY PRINT Other Names Used	
CLEARLY PRINT Social Security #	CLEARLY PRINT Date	of Birth	CLEARLY PRINT Driver's License # & State
CLEARLY PRINT Current Street Address	<u>.</u>	CLEARLY	PRINT City, State & Zip Code of Current Address
CLEARLY PRINT Cell Phone Number		<b>CLEARLY PRINT</b> Home Phone Number if different from cell #	
(If you have not lived at y	our current addre	ess for th	ree years, please attach a list of

additional addresses to this form.)

Signature

Date Signed

# ADMINISTRATIVE INFORMATION

# PARKS: START-UP MOUNTAIN HOME RECREATIONAL YOUTH SPORTS LEAGUES

# PURPOSE OF BACKGROUND CHECK: LEAGUE COACH/ OFFICIAL SIGN-UP

Revised 1/22/2018