BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE FORM

Please provide the following information:

Full Name: _____ _____ _____
First Middle Last

Previous Name(s): _____ _____ _____
First Middle Last

Current Address: _____ _____ _____ _____
Street Address City State Zip Code

Previous Addresses (last 10 years): _____ _____ _____ _____
Street Address City State Zip Code

_____ _____ _____ _____
Street Address City State Zip Code

D.O.B.: _____/_____/_____ Social Security Number: _____-_____-_____
Month Day Year

Driver's License Number: _____ State of Issuance: _____

Home Number: (_____)_____-_____ Other Phone Number: (____)_____-_____

I _____, understand that The Rocky Mountain Conference of The United Methodist Church ("RMC") may obtain consumer and/or investigative consumer reports in connection with my service to the organization. I understand that these reports may contain information about my background, including but not limited to, criminal conviction and charge history, personal credit and financial history, driving history, education, character references, citizenship status, social security number verification and employment verification. This information may be obtained through local, county, state or federal agencies, as well as prior employers and other persons or organizations who may have such information.

I also understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my timely written request to RMC; and that I may receive a written summary of my rights under 15 U.S.C. §1681 *et seq.*

I authorize RMC, and/or credit or investigative agencies of its choosing to procure and use such reports for such purposes; and I authorize any person or organization contacted by RMC or such agencies to disclose any information about me that may be contained in their records. I understand that the foregoing authorization shall remain in effect and may be used through such time as I may be in service to the organization.

I hereby release RMC, and such agencies and persons, from any and all liability, claims or demands by me, my heirs or my representatives for providing such reports and disclosing such information.

I certify that all of the information I have provided to RMC in connection with my service to the organization is complete and accurate.

_____
PRINT NAME

_____ _____
SIGNATURE **DATE**

Return form to:

BOM ____ **DCOM** ____ **District** ____ ____ ____ ____ ____ ____ **Other**_____
Metro MHPP P&P Utah/WCO WYNCO Sunshine