Authorization and Release for the Procurement of an Investigative Report

I, the undersigned, do hereby authorize the Village of Blissfield Recreation Department to procure an investigative report on me that includes social security verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon written request to the Village of Blissfield if such a request is made within a reasonable time after the date thereof.

I further authorize any person, business entity, or government agency who may have information relevant to the above to disclose to the Village of Blissfield Recreation Department, including but not limited to, any and all courts, public agencies and law enforcement agencies regardless of whether such person, business entity or governmental agency compiled information itself or received it from other sources.

I hereby release the Village of Blissfield Recreation Department, and any and all persons, business entities and government agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such a claim or demand on my behalf, for providing an investigative report hereby authorized. I understand that this Authorization/Release Form shall remain in effect for the duration of my association with the Village of Blissfield Recreation Department.

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION

First Name	Middle Name	Last Name
Date of Birth	Social Security Number	Driver's License #

Current Address

Daytime Phone Number	Cell Phone Number	Sport Coaching

Have you ever been convicted of a crime or convicted in a military court martial? Yes No

Are you currently under any investigation or have a pending charge? Yes No

I certify that the information contained on this authorization/release form is true and correct and acknowledge that I may be precluded from coaching due to false, omitted or fraudulent information.

Signature

Date