

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection to my application for a volunteer position with Saraland Dixie Baseball Organization, to the extent permitted by the applicable Federal, State and Local Law, I hereby authorize and permit A & A Screening Solutions, L.L.C. acting on behalf of Saraland Dixie Baseball Organization to obtain an investigative report, which may contain public record information, may be requested or made on me including criminal record, driving record, and social security number verification. Further, I understand that you may be requesting information from various federal, state, local and other agencies regarding my past activities. I agree that a copy of this authorization has the same effect as an original. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization and A & A Screening Solutions, L.L.C. and its authorized representatives from liability that might otherwise result from the request for, use of and/or disclosure of all the foregoing information.

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

List any other names that you have worked or attended school under including maiden names:

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**Current Address:** \_\_\_\_\_ Length of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Length of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Length of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Please place an "X" if you would like a copy of the final report emailed to you: \_\_\_\_\_

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

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