



The Risk Consulting Company
Kroll Background America, Inc.

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
NATIONAL CRIMINAL BACKGROUND CHECK
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **NEW ENGLAND CONFERENCE OF UNITED METHODIST CHURCH** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a national criminal background check on me.

These above-mentioned report may include; my driving history, including any traffic citations; a social security number verification; present and former addresses; court records (civil as well as criminal, to the extent they are public), real estate and tax records, some of which are also public records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any national criminal background report of which I am the subject upon my written request to **KBA**, if such is made within twenty-four months after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **NEW ENGLAND CONFERENCE OF UNITED METHODIST CHURCH** by and through **KBA**, 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 the information itself or received it from other sources.

I hereby release **NEW ENGLAND CONFERENCE OF UNITED METHODIST CHURCH** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a national criminal background check hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my application to or membership with the **NEW ENGLAND CONFERENCE OF UNITED METHODIST CHURCH**.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name: _____ Date: _____

	First	Middle	Last			
Current Address:	_____					
	Street /P. O. Box	City	State	Zip Code	County	Dates

Former Address:	_____					
	Street /P. O. Box	City	State	Zip Code	County	Dates

Former Address:	_____					
	Street /P. O. Box	City	State	Zip Code	County	Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth*: _____ Gender* _____

Circle Race: Asian American Indian Black Hispanic White

- Have you ever been convicted of a crime or convicted in a military court martial? Yes__ No__ Location _____ Date _____
- Have you ever been sanctioned or had your licenses suspended or revoked? Yes__ No__ Location _____ Date _____
- Are you currently under any investigation or pending charge? Yes__ No__ Location _____ Date _____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.