Kroll
The Risk Consulting Company
Kroll Background America, Inc.

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure an investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, criminal history records and any other public record.

I 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 written request to **KBA**, if such is made within a reasonable time 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 **WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM** 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 **WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM**, **KBA** 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 consumer report and/or investigative consumer report hereby authorized

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my participation with **WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM**. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my involvement as a volunteer may be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name:_____Date: _____
First Middle Last

Other Names Used (alias, maiden, nickname)_____YEARS USED_____

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*_____

- Have you ever been sanctioned or had your licenses suspended or revoked? Yes____ No____
- Are you currently under any investigation or pending charge? Yes___ No____

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

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