

**GHSA BACKGROUND CHECK RELEASE AND AUTHORIZATION FORM**

FOR THE \_\_\_\_\_ OFFICIALS ASSOCIATION

In connection with my application to become or remain a member of the above association and to be eligible to officiate GHSA contests, I hereby authorize the association or its designated representative or outside organization to perform a criminal background and/or motor vehicle driving record check on me. The background check may include information gathered from federal, state and local law enforcement and other sources. I understand that the nature and scope of the investigation will also include, but not be limited to, consumer credit, employment records, criminal convictions, my driving record and other information from sources that maintain background information on me. I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, credit or credit reporting agency or organization, employer or other person in possession of such background information regarding me, to provide such information as may be requested by the above officials association or any agency or outside organization acting on behalf of such officials association.

**THE INFORMATION RECEIVED WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO OFFICIATE GHSA CONTESTS.**

**As a member of the above officials association, I understand that this authorization and release shall remain in effect as long as I am a member unless I revoke or cancel my consent by signed letter or statement delivered to the association office.**

I am providing the following information and personal identifiers to aid in the proper identification of my files and records and state that the same is true and correct to the best of my knowledge:

Print Name (Full legal name: Last, First, Middle) \_\_\_\_\_

Any other names known by (in last ten years) \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number State \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Addresses (5 years) \_\_\_\_\_

\*\*\* Include a legible copy of your driver's license with this Release and Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_