

Area 5 Al-Anon / American Screening, LLC

PO Box 1444

Hebron, CT 06248

Phone: 888 - 251- 4044 / Fax: 888 - 254 - 4044

www.americanscreening.com

GENERAL AUTHORIZATION RELEASE FOR BACKGROUND CHECK

In connection with my application to volunteer, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my background. I understand and agree that you may request information from various federal, state and other agencies, which may include public and private sources which maintain records concerning my past activities relating to my criminal record. I will be notified if I passed or failed via email or other delivery mode agreed upon along with the background report. If I receive a "fail" I will also receive a Summary of My Rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law. If I believe there are any errors on my report I will contact American Screening and they will investigate and reply within 2 business days. This authorization is executed with full knowledge and understanding that the companies involved and others acting on it's behalf will take measures to protect me against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile, electronic mail, or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau contacted directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information. I understand the Area 5 Alateen Process Person will only receive notification of a PASS status based on this report processed by American Screening, LLC.

Print Name: _____ / _____ / _____
(last) (first) (middle)

Previous Name(s) _____ Date of name change(s) _____

Previous Name(s) _____ Date of name change(s) _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of LIC: _____

Current Address: _____ / _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Previous Address: _____ / _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Please provide a current email where you will receive the results: _____

Please retype your email a second time here: _____

Applicant Signature: _____ Date: _____

Note: The final signed report must either be scanned & emailed to support@americanscreening.com, or faxed to **888-254-4044**, or mailed by US mail to **American Screening, LLC, PO Box 1444, Hebron, CT 06248**

Company Requesting Background: **Area 5 Al-Anon**

* Please note: If this form is not completed in its entirety a background will not be processed.