Big Brothers Big Sisters of Central Virginia, Inc.

2901 Langhorne Road Lynchburg, VA 24501

AUTHORIZATION TO RELEASE INFORMATION

Current Address Current Address Dates Lived Here E-Mail Address Effinicity Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Social Security Number Dote of Birth Other Names Used (including maiden name) Years Used Social Security Number Social Security Number Driver's License # State Exp. Date do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, criminal history, personal character, etc. or any part thereof, and authorize any daily authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are por private, and including those which may be deemed to be privileged or confidential in anture and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the rele of information which will be considered in determining any sutability for volunteering. I certify that I have made true, correct, and complete answers and or agency contacted by IntelliCorp Records, Inc to intellicorp Records, Inc any interview in the knowledge that they will be relied upon in considering my applie for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information, it is authorization is valid during the course of my volunteer of the proper identification, to request the nature and substance of all information in its files me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request. In understand and agree that any omission, false statement, misleading statement, or answer ma	I,					
E-Mail Address Ethnicity Dates of Residence: Date of Birth Other Names Used (including maiden name) Years Used Social Security Number Driver's License # State Exp. Date do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, criminal history, personal character, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are put or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the relea of information which will be considered in determining any suitability for voluntering. I certify that I have made they will be relied upon in considering my applic for volunteering. I supplied that I have made the value of the release all persons from liability on a satisfaction of the release all persons from liability or volunteer application any supplements to it and in any interview in the knowledge that they will be relied upon in considering my applic for volunteering. I superity by intelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my volunteer to the extent permitted by law. I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its file me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request. I have the right to make a request to Intellicorp Records, Inc, upon proper identification, to request the nature and substance of all information in its file me at the time of my request, including sources of inform	Last Name	First Name	Dates Lived		Middle Name	
E-Mail Address Addresses for the Past Seven Years: (include street, city, state, zip code) Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Date of Birth Other Names Used (including maiden name) Years Used Exp. Date do hereby authorize verification of all information in my volunteer application, motor vehicle, criminal history, personal character, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are put or private, and including those which may be deemed to be privileged or confidential in nature and release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc identification purposes and for the rele of information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc identification purposes and for the rele of information any supplements to it and in any interview in the knowledge that they will be relied upon in considering my applic for volunteering. I agree to provide additional information that may be requested to process my volunteer application and untorize without reservation, any or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my volunteer to the extent permitted by law. I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its file me at the time of my request, including sources of information, and the recipients of any reports on me which	Current Address				s Lived Here	Here
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Social Security Number	Addresses for the Past Seven Years: (include street, city, state, zip code)				Dates of Residence:	
Social Security Number						<u> </u>
do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, criminal history, personal character, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are pure or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the rele of information which will be considered in determining any suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my applic for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my voluntee to the extent permitted by law. I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in a interviews will be sufficient grounds for rejection of volunteering. Printed Name Applicant Signature Date Parent Printed Name (Needed if volunteer is 17 years or younger) Parent Signature Date Acknowledged before me this	Date of Birth	Other Names Use	ther Names Used (including maiden name)		Years Used	_
personal character, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are put or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the rele of information which will be considered in determining any suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my applic for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my voluntee to the extent permitted by law. I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in a interviews will be sufficient grounds for rejection of volunteering. Printed Name (Needed if volunteer is 17 years or younger) Parent Signature Date Parent Printed Name (Needed if volunteer is 17 years or younger) Parent Signature Date City/County of	Social Security Number	Driver's Licens	se #	State	Exp. Date	_
Printed Name Applicant Signature Date Parent Printed Name (Needed if volunteer is 17 years or younger) Parent Signature Date City/County of State of Virginia Acknowledged before me this day of, 20	for volunteering. I agree to provide additio or agency contacted by IntelliCorp Record to the extent permitted by law. I have the right to make a request to Intelli me at the time of my request, including sou	nal information that may be ds, Inc to furnish the above Corp Records, Inc, upon prees of information, and the	e requested to process in- mentioned information	my volunteer app on. This authoriza	dication. I authorize without ation is valid during the cours are and substance of all infor	reservation, any part se of my volunteerin mation in its files on
Parent Printed Name (Needed if volunteer is 17 years or younger) Parent Signature Date City/County of State of Virginia Acknowledged before me this day of, 20			statement, or answer m	nade by me on my	y application or any supplem	ents to it and in any
City/County of	Printed Name		Applicant Signat	ure	Date	
Acknowledged before me this day of	Parent Printed Name (Needed if volunteer i	s 17 years or younger)	Parent Signature		Date	
	City/County of		State of Virgin			
	Acknowledged before me this	day of	, 20			
Notary Public Signature Notary Number My Commission Expires Date					, 20	
•	Notary Public Signature	Notary N	Notary Number		mmission Expires Date	

□ CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

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