



Authorization to Obtain Information

This is a consent for release of information about

(your full name)

Social Security Number _____ Date of Birth _____

Address _____

I authorize Frank P. Phillips Memorial YMCA to obtain the following specific information: criminal history, sex offender registry history and worker's compensation records.

This information may be used only for the purpose of conducting a background check.

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent.

By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Printed name _____

Signature _____ Date _____