



BOYS & GIRLS CLUB
OF Alton

Authorization For Release of Information

My signature below evidences my understanding that I am being considered for a **VOLUNTEER** position with the **Boys & Girls Club of Alton** and that I hereby authorize the Boys & Girls Club of Alton to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency. I further understand that information obtained during the investigation(s) may be used as a basis for denial of appointment or reappointment, as well as termination when appointed to a position pending completion of my records check investigation. I understand that refusal to sign this release will result in termination of the appointment process. All information I hereby authorize to be obtained will be held strictly confidential.

Print Full Name _____ Sex _____

Print Full Address: _____ City: _____

State: _____ Zip Code _____

DOB: _____ SSN: _____ Race: _____

Signature: _____ Date: _____

For Office use ONLY. DO NOT FORWARD THIS FORM