



Authority for Release of Information

NAME (First, Middle, Last)

MAIDEN NAME (if applicable)

CURRENT ADDRESS (must be physical address-no P.O.) **At this address since (month & year)**

CITY, STATE, ZIP

1ST PREVIOUS ADDRESS **At this address for how long?**

CITY, STATE, ZIP

2ND PREVIOUS ADDRESS **At this address for how long?**

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER *** **DATE OF BIRTH (month/day/year) *****

DRIVER'S LICENSE NUMBER *** **STATE ISSUED *****

APPLICANT AUTHORIZATION

I understand that the CRA does not guarantee the accuracy or timeliness of the information obtained from other sources and that the UNCHCS and the CRA shall not be liable for any inaccuracy in the information obtained from other sources that is included in the consumer report.

Further, I authorize my current and former employers as well as other organizations to provide such information to the CRA and I hereby release and hold harmless the UNCHCS, the CRA, and my current and former employers as well as other organizations who have provided information on account of the collection or use of such information in connection with my consumer report.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

***** The red *** areas must be completed or the volunteer application cannot be processed.**