YMCA OF MIDDLE TENNESSEE
AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, THE UNDERSIGNED CONSUMER, DO HEREBY AUTHORIZE YMCA OF MIDDLE TENNESSEE, BY AND THROUGH IT'S INDEPENDENT CONTRACTOR/VENDOR TO PROCURE A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME.

THESE ABOVE-MENTIONED REPORTS MAY INCLUDE, BUT ARE NOT LIMITED TO, EMPLOYMENT AND EDUCATION VERIFICATIONS: PERSONAL REFERENCES; PERSONAL INTERVIEWS; MY PERSONAL CREDIT HISTORY BASED ON REPORTS FROM ANY CREDIT BUREA; MY DRIVING HISTORY, INCLUDING ANY TRAFFIC CITATIONS; A SOCIAL SECURITY NUMBER VERIFICATION; PRESENT AND FORMER ADDRESSES; CRIMINAL AND CIVIL HISTORY/RECORDS; AND ANY OTHER PUBLIC RECORD.

I UNDERSTAND THAT I AM ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESETIGATIVE CONSUMER REPORT PREPARED ON ME UPON MY WRITTEN REQUEST TO THE VENDOR PROVIDING THE REPORT THAT IS MADE WITHIN A REASONABLE TIME AFTER THE DATE HEREOF. I ALSO UNDERSTAND THAT I MAY RECEIVE A WRITTEN SUMMARY OF MY RIGHTS UNER 15U.S.C. 1681 ET SEQ.

I FURTHER AUTHORIZE ANY PERSON, BUSINESS ENTITY OR GOVERNMENTAL AGENCY WHO MAY HAVE INFORMATION RELEVANT TO THE ABOVE TO DISCLOSE THE SAME TO YMCA OF MIDDLE TENNESSEE, INCLUDING, BUT NOT LIMITED TO, ANY COURTHOUSE, ANY PUBLIC AGENCY, ANY AND ALL LAW ENFORCEMENT AGENCIES AND ANY AND ALL CREDIT BUREAUS, REGARDLESS OF WHETHER SUCH PERSON, BUSINESS ENTITY OR GOVERNMENT AGENCY COMPILED THE INFORMATION ITSELF OR RECEIVED IT FROM OTHER SOURCES.

I HEREBY RELEASE YMCA OF MIDDLE TENNESSE, IT'S BACKGROUND VENDOR AND ANY AND ALL PERSONS, BUSINESS ENTITIES AND GOVERNMETNAL AGENCIES, WHETHER PUBLIC OR PRIVATE, FROM ANY AND ALL LIABILITY, CLAIMS AND/OR DEMANDS, OF WHATEVER KIND, TO ME, MY HEIRS OR OTHER MAKINGS SUCH CLAIM OR DEMAND ON MY BEHALF, FOR PROCURING, SELLING, PROVIDING, BROKERING AND/OR ASSISTING WITH THE COMPILATION OR PREPARATION OF THE CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT HEREBY AUTHORIZED.

PRINTED NAME _____
LAST FIRST MIDDLE

MAIDEN OR FORMER NAME _____

SIGNATURE _____DATE _____

COMPLETE RESIDENCE ADDRESS _____
Street Number/P.O. Box Street Name

_____
City State Zip Code County

DATE OF BIRTH _____
SOCIAL SECURITY NUMBER _____ GENDER _____
DAYTIME TELEPHONE NUMBER _____
DRIVER'S LICENSE # _____STATE OF ISSUANCE ____