KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application to become a volunteer with _____ ("Council"), I authorize _____ ("Council") to request a consumer and/or investigative consumer report on me from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Council and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Council to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Council.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my volunteer services with Council. I certify that the information contained on this Authorization form is true and correct and that my application or services may be terminated based on any false, omitted or fraudulent information.

Signature:_____ Date:_____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name:_____ First Name:_____ Middle:_____

Other Names Used _____ Years Used_____

Current Address:_____
Street /P. O. Box City State Zip Code County Dates

Former Address:_____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____*Gender_____

* Providing year of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

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