

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME
(PLEASE INCLUDE Jr., Sr. , II, III, Etc.)

Understand that in conjunction with my application for employment, Rotary International will use the services of an outside agency to research and verify my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Rotary International. Rotary International uses Informed Decision as an agent to perform background verifications.

I also understand that Informed Decision will utilize various sources of information as it may deem appropriate which include but are not limited to: credit reporting agencies, criminal and civil court records. Department of Motor Vehicle records, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, present and former employers, school records, military records workers' compensation, professional and personal references.

I request, authorize and consent to the release and disclosure of all applicable sources of information, including, but not limited to those listed above to Rotary International and Informed Decision. I unconditionally release and hold harmless Rotary International and Informed Decision and any named or unnamed corporation, company, custodian of records or information from any and all liability resulting from furnishing information about me.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character and personal reputation, this authorization in original or copy form, shall be valid for one year from the date indicated next to my signature. , I am requesting a copy of my consumer report. **The reporting agency is: Informed Decision Investigative & Background Information Services, Inc. 60 N. Rancho Road, Suite 22, Thousand Oaks, California 91362, (805) 371-1264, Paul@info-decision.com or www.info-decision.com.**

PURPOSE OF APPLICATION: ROTARY YOUTH EXCHANGE _____ **RYLA** _____ **INTERACT** _____ **YOUTH ACT** _____

Signed Today's date

Printed Name Position Applied For

_____/_____/_____
Social Security Number Date of Birth Drivers License Number State

Other names you have used or are also known as: _____

---PLEASE INCLUDE THE YEAR YOU TOOK ON THE DIFFERENT LAST NAME(S)---

Please list all addresses for the last seven (7) years.

****PLEASE BE SURE TO INCLUDE THE COUNTY****

Current Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

Former Address: _____
Street Apt. City COUNTY State Zip Code How Long?

*******EDUCATION INFORMATION*******

Name of University: _____ City and State _____

Dates of Attendance: _____ Degree: _____