AUTHORIZATION FOR NATIONAL CRIMINAL AND NATIONAL SEX OFFENDER BACKGROUND CHECK

Authorization

I hereby authorize procurement of investigative background check report(s) by CAMP COPASS, INC. If hired (or a volunteer or contracted worker), this authorization shall remain on file and shall serve as ongoing authorization for CAMP COPASS, INC. to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the reporting agency to furnish the information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the reporting agency: Datasource, Inc ("Agency"), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to CAMP COPASS, INC. by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on CAMP COPASS, INC.'S behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to CAMP COPASS, INC. obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.datasourcecorp.com

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights ______ (initials).

Printed Full Name:

Signature: _____

Date: _____

APPLICANT: EMPLOYEE – VOLUNTEERS – CONTRACT WORKERS						
Printed Full Name:						
	(First)	(Middle)	(Last)			
Alias/Maiden Name	e(s):					
Social Security Nur	nber:	Date	of Birth:			
Driver's License Nu	umber:	State	of Issuance:			
Email:		Phone	e:			

Revised 11/21/2016

(Dates)	(Zip)	(State)	(City)	(Street)	
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In connection with my application for employment, contractual, or volunteer service, I understand the reports will be requested by Camp Copass, Inc. These reports will include, as allowed by law, the following types of information: National Criminal and National Sex Offender Background Checks from federal, state, and other agencies that maintain such records.

I understand that Camp Copass, Inc. can use this disclosure and authorization to continue to obtain such reports throughout my employment, contract period or volunteer service.

Signature:

Dated: