INFORMATION RELEASE

Name: (Please Print) _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

I do hereby authorize the Department of Childrens Services, the National Child Abuse Registry and Police Departments to release any information in their files under the above name and description. This information will be used to assist the Child Advocacy Center in determining my eligibility to serve as an employee/volunteer.

I hereby release the Board, staff, the Child Advocacy Center and relevant others from any liability or damage which may result from furnishing the information requested above.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please attach copy of both sides of driver's license.