



**City of O'Fallon
Consent/Release Form**

Applicants Name (printed): _____

Social Security Number: _____ **Date of Birth:** _____

Applicant's Street Address: _____

City: _____ **State:** _____ **Zip:** _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This included the following:

- Criminal background records/information
- Sex offender registry checks
- Address

I, the undersigned, authorize this information to be obtained either in writing to via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ **Date:** _____

Signature: _____