



## BACKGROUND CONSENT/RELEASE FORM

\* PHOTO IDENTIFICATION REQUIRED TO PROCESS (DMV ISSUE OR MILITARY)

Name of Organization: **King William County Parks and Recreation**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Residence Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: (circle one) Male / Female Year: \_\_\_\_\_

I, the undersigned, by execution of this document, give King William County permission to conduct a background check regarding my qualifications to become a "staff" member with the King William County Department of Parks and Recreation; this includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_