Kroll
The Risk Consulting Company
Kroll Background America, Inc.

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure an investigative report on me.

These above-mentioned reports may include, but are not limited to, criminal history records and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS** by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release HOWARD **COUNTY DEPARTMENT OF RECREATION & PARKS**, **KBA** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative consumer report hereby authorized

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my volunteer service with said Company. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for volunteering will be terminated based on any false, omitted or fraudulent information.

Signature:_____ Date:_____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name:_____ Date: _____
First Middle Last

Other Names Used (alias, maiden, nickname)_____ Years Used_____

Current Address:_____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Daytime Telephone Number: _____

Date of Birth*: _____ Gender*_____

*** This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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