



USA Field Hockey International Screening Consent Form

Applicant's **Full Legal Name (first, middle, last)** (printed)

Mother's maiden name _____

Father's full name _____

Social Security Number/Government ID _____

Date of Birth _____ (**mm/dd/yyyy**)

Applicant's **International** Street Address

City _____ State/Province _____ Zip/Postal Code _____

Country _____

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

- Local or National Criminal background records/information

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my association with this Organization.

Print Name: _____ Date: _____

Signature: _____