

BACKGROUND CHECK CONSENT AND RELEASE

Scanned: YES NO

Order Date: / /



Program Name:

Center Name:



Receipt No:

PARKS & RECREATION
CITY OF EL PASO

First Name:

Middle Name:

Last Name:

Date of Birth:

Social Security: --- ---

Address:

City:

State: Zip Code:

Drivers License:

State of Issue:

Photo Identification:

Consent and Release:

The City of El Paso Texas – Parks and Recreation Dept.

may obtain information about you from a consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which **may include local, state, national, and international criminal records check, DOJ sex offender registry checks, social security number verification, address history check, driving records, military records checks, and homeland security checks.** These reports may be obtained at any time after receipt of your authorization and throughout your association with the above-named organization. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to

volunteer applicants is an investigation to discover any existing, current or past criminal and sex offender records by **HONESTA SCREENING LLC, 1148 Geronimo Dr, El Paso, TX 79925.** The scope of this notice and authorization is all-encompassing and allows **The City of El Paso Texas – Parks and Recreation Dept.** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your association with this organization to the extent permitted by law.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **HONESTA SCREENING LLC,** another outside organization acting on behalf of the **City of El Paso Texas – Parks and Recreation Department.** I agree that a facsimile (fax) or photographic copy/scan of this Authorization shall be as valid as the original.

Authorization:

Name (printed):

Signature: _____ Date: _____ / _____ / _____