

**DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

In connection with my application to become a volunteer with Franklin First United Methodist Church, I authorize Franklin First United Methodist Church to request a consumer and/or investigative consumer report on me from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Franklin First United Methodist Church and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Franklin First United Methodist Church to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Franklin First United Methodist Church.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my volunteer services with Company. I certify that the information contained on this Authorization form is true and correct and that my application or services may be terminated based on any false, omitted or fraudulent information.

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ 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

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report      YES:       NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1(888) 381-7866.

\* Providing year of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.