HOLY TRINITY EPISCOPAL CHURCH

AUTHORIZATION TO RELEASE INFORMATION

Last Name First Name Middle Name Current Address Dates Liv Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Reside	
Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Reside	ence:
Date of Birth Other Names Used (including maiden name) Years Used	
Social Security Number Driver's License # State	
vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, lawage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether ecords are public or private, and including those which may be deemed to be privileged or confidential in nature and I release from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Intellic Records, Inc for identification purposes and for the release information that will be considered in determining any suitability employment or volunteer position. I certify that I have made true, correct, and complete answers and statements on my applic supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employolunteer position. I agree to provide additional information that may be requested to process my application. I authorize with reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This aut is valid during the course of my employment to the extent permitted by law.	er the said e all person Corp for cation, any syment or hout
**I hereby dodo not authorize you to contact <i>my current</i> employer for Employment and Reference Verifi (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in th Employment/Reference Section of your application.)	
I have the right to make a request to IntelliCorp Records , Inc , upon proper identification, to request the nature and substance information in its files on me at the time of my request, including sources of information, and the recipients of any reports on IntelliCorp Records , Inc has previously furnished within the two year period preceding my request.	
I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or supplements to it and in any interviews will be sufficient grounds for rejection of employment or volunteer position and my diafter employment.	

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

Applicant Signature

Date

Printed Name