**Criminal History Check Release**

As a participant in a King’s College activity involving children, I understand and acknowledge that my participation will be contingent on the successful receipt and evaluation of the following criminal history elements:

* PA State Police Criminal Record Check
* National Sex Offender Registry Check
* PA Child Abuse History Clearance
* FBI Criminal Background Check

I understand and acknowledge that my refusal to consent to the above checks makes me ineligible to serve. I understand and acknowledge that these background checks will be used solely for volunteer-related purposes. I authorize King’s College and/or CBY Systems, Inc. and/or 3M Cogent to use the information provided in this document along with any additional information necessary to conduct these background checks with agencies including but not limited to law enforcement agencies and state agencies. I authorize the PA Department of Public Welfare to release my PA Child Abuse History Clearance directly to King’s College.

I understand and acknowledge that no copies or parts of my background check results will be released by King’s College without my consent. I understand and acknowledge that I am entitled to a copy of any and all background check results and that I may contact the Student Affairs Office at King’s College to provide me with a copy of the results.

Please complete and sign this document authorizing, without reservation, any party, including, but not limited to law enforcement agencies and state agencies, contacted by King’s College and/or CBY Systems Inc. and/or 3M Cogent to condut any or all of the above background checks. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE \_\_\_\_\_\_\_\_\_\_\_\_\_LAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIDEN NAME AND/OR ALIASES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RACE \_\_\_\_\_\_\_\_\_\_\_\_\_ HEIGHT \_\_\_\_\_\_\_\_\_ EYE COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS ADDRESSES (SINCE 1975)

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature I verify my understanding of all of the above statements, verify the answers to the above questions to be true and accurate, and give my consent to a criminal history check as described above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name Date