



Wythe County Parks and Recreation
**National Background
Screening Consent/Release**

290 South Sixth Street, Suite
350 Wytheville, VA 24382
athletics@wytheco.org
276-223-4518

Applicant's **Legal** Name (Printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Have you lived in any other county/state than Wythe County, VA in the last 10 years? Yes No

If yes, please list the addresses below (use additional pages if necessary):

Address: _____

Address: _____

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

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

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.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your volunteering.

Print Name: _____ Date: _____

Signature: _____