

LaFayette Community Council
PO Box 98, LaFayette, NY 13084



Coaches Background Consent/Release Form

Applicant's Legal Name (printed) _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Applicant's Street Address _____
City _____ State _____ Zip _____

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

- > Criminal background records/information
- > Sex Offender Registry Checks
- > Address History and Verification
- > Social Security Verification

I, the undersigned, authorize this information to be obtained 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.

Print Name: _____ Date: ____/____/____

Signature: _____