

Area 5 Al-Anon Disclosure and Authorization for Background Check

AMIAS may obtain from *American Screening, LLC PO Box 1444 Hebron CT 06248, Phone: 888-251-4044 www.americanscreening.com* a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you regarding your volunteer application. I am aware that I will be notified if I pass or fail via email. In the event of a fail, I will receive a copy of my background report via email and a copy of a Summary or Your Rights as required by the Fair Credit Reporting Act. If I pass, I will receive an email that I passed the requirements of the AMIAS. If you pass, to the extent permitted by law, AMIAS may obtain from American Screening further reports throughout your volunteering post without providing further disclosure or obtaining additional consent. If I believe there are any errors on my report, I will contact American Screening, LLC and they will research and reply within 2 business days.

I understand and agree that you may request information from various federal, state and other agencies, which may include public records and private sources which maintain records concerning my past activities relating to my criminal record subject to any limitations imposed by applicable federal and state law. This authorization is executed with full knowledge and understanding that the companies involved and others acting on its behalf will take measures to protect me against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile, electronic mail, or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau contacted directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above-mentioned information. I understand the Area 5 Alateen Process Person will only receive notification of a PASS/ FAIL status based on this report processed by American Screening, LLC.

Please provide a current email where you will receive the results:

Signature

Print name

Date

Area 5 Al-Anon Authorization to Obtain a Background Report

I have read the Disclosure Regarding Employment Background Report provided by AMIAS and this Authorization to Obtain a Volunteer Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency address: PO Box 1444 Hebron, CT 06248 can be reached at 888-251-4044 www.americanscreening.com of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a decision involving me at any time after receipt of this authorization and throughout my volunteering post, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, or other information service bureau or data repository to furnish all information regarding me to American Screening, LLC and/or the COMPANY itself, and authorize American Screening, LLC to provide such information to the AMIAS. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT." INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes)

Full Name _____
First Name Middle Name Last Name

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Driver's License Number: _____ State License issued: _____

Current Residence Address: _____
(Number and Street)

City State Zip Years: _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

Please list any alternate names you have used in the last 7 years:

First Name Middle Name Last Name

First Name Middle Name Last Name

First Name Middle Name Last Name

Signature: _____

Print name: _____

Date: _____

Note: This signed 2-page form must either be scanned & emailed to support@americanscreening.com, or faxed to 888-254-4044, or mailed by US mail to American Screening, LLC, PO Box 1444, Hebron, CT 06248

** Company Requesting Background: Area 5 Al-Anon * Please note: If this form is not completed in its entirety a background will not be processed.