

**Big Brothers Big Sisters  
of Central Virginia, Inc.**  
2901 Langhorne Road  
Lynchburg, VA 24501

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_  
 Last Name       First Name       Middle Name

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\_\_\_\_\_ Current Address      \_\_\_\_\_ Dates Lived Here

\_\_\_\_\_ E-Mail Address      \_\_\_\_\_ Ethnicity       Male       Female

Addresses for the Past Seven Years: (include street, city, state, zip code)      Dates of Residence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Date of Birth      \_\_\_\_\_ Other Names Used (including maiden name)      \_\_\_\_\_ Years Used

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\_\_\_\_\_ Social Security Number      \_\_\_\_\_ Driver's License #      \_\_\_\_\_ State      \_\_\_\_\_ Exp. Date

do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, criminal history, personal character, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release of information which will be considered in determining any suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my volunteering to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **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 any supplements to it and in any interviews will be sufficient grounds for rejection of volunteering.

\_\_\_\_\_ Printed Name      \_\_\_\_\_ Applicant Signature      \_\_\_\_\_ Date

\_\_\_\_\_ Parent Printed Name (Needed if volunteer is 17 years or younger)      \_\_\_\_\_ Parent Signature      \_\_\_\_\_ Date

City/County of \_\_\_\_\_ State of Virginia

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Public Signature      \_\_\_\_\_ Notary Number      \_\_\_\_\_, 20\_\_\_\_\_ My Commission Expires Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**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.**