

Southeastern Security Consultants, Inc.



Background Consent/Release Form

Town of Miami Lakes

Organization Name: _____

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's 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
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer 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: _____

Contact Phone Number(s): _____

Please Fax or Mail Directly to:

Southeastern Security Consultants, Inc.
1853 Piedmont Road, Suite 100
Marietta GA 30066
Telephone: 866-996-7412
Fax: 866-996-1292
Website: www.ssci2000.com