

INVESTIGATIVE REPORT RELEASE AUTHORIZATION

I. In connection with my application to serve as camp counselor in the Greater Ohio District of The Wesleyan Church, I understand that an investigative consumer report will be requested that will include information as to my character, work habits, performance, and experience. I understand that as directed by District policy and consistent with the ministry described, you may be requesting information from public and private sources about my: driving record, court record, education, credentials and references.

II. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if the appointment is denied because of information obtained by a former employer or from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Greater Ohio District of The Wesleyan Church or its agent, to furnish the information described in Section I.

The following information is requested by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the Greater Ohio District of The Wesleyan Church and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Print full name	Last	First	Middle
Print other names you have used			
Home address			
City	State	Zip Code	
Social Security Number		Date of Birth	
Drivers License Number		State Issuing License	
Name as it appears on License			
Signature		Today's Date	

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IN, MI, OR, TX, WI

Sex: ___ Male; ___ Female

Race: ___ Asian; ___ Black; ___ Hispanic; ___ White; ___ Other