BACKGROUND CHEC	NSENT AND RELEASE Scanned: YES NO Order Date: / /
	Program Name: Location Name:
First Name: Middle Name:	Receipt No:
Last Name:	
Social Security: Address:	t number street name
City: *Contact/Phone Num	State Zip ()
*email address: **required Drivers License:	State
Photo Identif	COLINTY OF FL PASO TEXAS - PARKS AND RECREATION DEPT
	agency. Thus, you may be the subject of a 'consumer report" and/or a "investigative consumer report' which may include local, state, national, and international criminal records check, DOJ sex offender registry checks, social security number verification, address history check, driving records, military records checks, and homeland security checks. These reports may be obtained at any time after receipt of authorization and throughout your association with the above-name organization. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to volunteer applicants is an investigation to discover any existing, current or past criminal and sex

offender records by HONESTA SCREENING LLC, 1148 Geronimo Dr. El Paso, TX 79925.

The scope of this notice and authorization is all all-encompassing and allows **The County of El Paso Texas – Parks and Recreation Dept.** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your association with this organization to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested **by HONESTA SCREENING LLC**, another outside organization acting on behalf of **The County of El Paso Texas – Parks and Recreation Department**. I agree that a facsimile (fax) or photographic copy/scan of this Authorization shall be as valid as the original. By signing below, I acknowledge all information provided is accurate. If a discrepancy is found, I will be held accountable.

Authorization:																					
Name (printed):																					j
Signature:															Dat	te: _		_/	 _/_		
Team Name:															Age	e Gr	oup):	 		