SHENANDOAH COUNTY
HUMAN RESOURCES

Background Consent/Release Form

Applicant's Legal Name (printed)

_____
First name Full Middle Name Last Name

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
- Social Security Verification

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

Job Title: _____

Email: _____