



## Town of Miami Lakes

### National Background Screening Consent/Release Form

**Circle One of the following:** Baseball    Softball    Flag Football    Soccer    Cheer  
Just Run    Basketball    Committee Member    Program Instructor    Other

Applicant's **Legal** 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:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- 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: \_\_\_\_\_

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](http://www.ssci2000.com)