

DE SOTO

KANSAS

BACKGROUND CONSENT / RELEASE FORM

ORGANIZATION: City of De Soto – Parks & Recreation Department

Applicant's Legal Name (PRINT): _____
(First – Middle – Last)

Social Security Number: _____ Date of Birth: _____

Applicants Physical Address: _____

City: _____ State: _____ Zip: _____

Applicants E-Mail Address: _____

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: _____