



Mount Pleasant Recreation Department National Background Screening Consent Form

Registrant **Legal** Name (Please Print):

Last: _____ First: _____ Middle: _____

Email Address: _____

Registrant Current Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Sport: _____

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 Number 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.

By signing this document, I am providing the above-named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name: _____ Date: _____

Signature: _____

Mount Pleasant Recreation Department
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29464 www.tompsc.com