## SAMARITAN SERVICES

111 Wood Street Englewood, NJ 07631

## NOTICE OF BACKGROUND CHECK

## [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING BELOW]

Note: Conducting Social Security Trace does not access the subject's credit history nor affects the subject's credit score or credit rating.

Please note that by signing below you are authorizing and instructing an immediate criminal background and 'driving record reports from a third party (utilizing a Social Security Number trace) as deemed necessary and appropriate. Moreover, you are allowing reports from a third party on an ongoing basis without any additional notice for as long as you are a member.

## AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF Background) CHECK and certify that I have read

Fully understand that notice. I hereby authorize and instruct\_\_\_\_\_

obtain criminal background and/or driving record reports from a third party (utilizing a Social	
Security Number trace) as deemed necessa	ry and
appropriate. This authorization and instructi	ion will take immediate effect when I sign below, and
, will last throughout the duration of my inv	volvement as a volunteer member. Accordingly, you
may obtain addition criminal background and/or driving record reports from a third party on an	
ongoing basis throughout my association with your organization without any further notice or	
additional warning. To this end, I hereby authorize without reservation any law enforcement	
agency, administrator, local, state or federal agency, information service bureau and/or the Social	
Security Administration to furnish any and all background information (including criminal	
history and/or driving records and not credit history) requested by Backgroundchecks.com,	
another outside organization acting on your behalf. I agree that a facsimile ("fax") or	
photographic copy of this Authorization and Instruction shall be as valid as the original.	
photographic copy of this rection and instruction shall be as valid as the original.	
Include a Legible Photocopy of your Driver's License Attached to this document.	
indiana a zegicia i necesopy of your zinver a ziconso i inautica co una accument	
D. 137	
Printed Name	Social Security Number
Cionatura	Duivan's License # & State
<u>Signature</u>	Driver's License # & State

Date of Birth