

**Horizons at Harley  
Background Investigation Authorization**

In connection with my program volunteer application for the Horizons at Harley Student Enrichment Program, I understand that background inquiries are requested for information on my criminal background record. I hereby authorize The Horizons at Harley Program to make all such inquiries. Further, I understand and agree that you may request information from multiple federal, state, and other agencies, including public sources, which maintain records concerning my past activities relating to my criminal conviction record.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my serving as a volunteer. This release is valid for all federal, state, county and local agencies. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of any investigation into my background.

Print Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
*(city)*

\_\_\_\_\_  
*(state)*

\_\_\_\_\_  
*(zip code)*

List previous addresses and names (maiden and/or aliases) used during the **past 7 years** :

Name: (if applicable)      Address:      City/State/Zip      County

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_