BACKGROUND INQUIRY RELEASE FORM

In relation to my application for license in the Episcopal Diocese of Western Louisiana, I understand and authorize the access of information form various federal, state and other agencies maintaining information regarding any public record information including, but not limited to Worker's Compensation.

I hereby consent to your obtaining various public record information for Edge Information Management, Inc. and/or any other party or agency in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I understand that if my driving record abstracts is obtained from Louisiana that this record will be obtained through American Driving Records. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

PLEASE PRINT:

Full Name:_____
First **Middle** **Last**

Current Address_____
(NO P.O. BOX)
Previous Address:_____

Next Previous Address: _____
Social Security Number_____-_____-_____ **Date of Birth**____/_____/_____

Sex:_____ this information is used for proper identification of
Race_____ records only

Driver's License State_____

Driver's License:_____

Number_____

Signature:_____ **Date**_____

RETURN TO: **Patrick R. Higgins, Executive Director**
Hardtner Camp and Conference Center
2393 Camp Hardtner Road
Pollock, LA 71467

Church/Institute: **CAMP HARDTNER**

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