USA Judo
Consent/Release Form
Background Screening for
Volunteer in Youth Sports

Applicant Name: (Print or Type) _____
First Middle Last

Social Security Number: _____ **Date of Birth:** _____

Address: _____
House Number & Street

City: _____ **State:** _____ **Zip:** _____

Telephone: ( ) _____ **E-Mail Address:** _____

I, _____ **, authorize and give consent for SSCI, through**
Name of applicant
participating agencies, to obtain information regarding myself. This includes the following:

- **Employment records/Employers references**
- **Criminal background records/information**
- **Sex Offender Registry check**
- **Driver's license check**
- **Training/experience**
- **Personal references**
- **Addresses**

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer 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 SSCI guidelines.

Printed Name: _____ **Date:** _____

Signature: _____ ***USA Judo* Registration Number:** _____

Mail (1) Consent/Release form, (2) Check for $16.00 made payable to SSCI (at this time only checks, money orders or cashier's checks are acceptable) to:

SSCI
2627 Sandy Plains Ste. 203
Marietta, GA 30066

SSCI USE ONLY					
Date Received		Check No:		Amount	
Membership Verified			Date Forwarded		