**CONFIDENTIAL**

Rotary International District 7620

Central Maryland and Washington, DC

Background Check Authorization

**Print Name:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (First) | (Middle) | (Last) |  |  |  |
| **Former Name(s) and Dates Used:** |  |  |  |  |  |
| **Current Address Since:** |  |  |  |  |  |  |  |
|  |  | (Mo/Yr) |  | (Street) |  | (City) |  | (Zip/State) |  |
| **Previous Address From:** |  |  |  |  |  |  |  |
|  |  | (Mo/Yr) |  | (Street) |  | (City) |  | (Zip/State) |  |
| **Previous Address From:** |  |  |  |  |  |  |  |
|  |  | (Mo/Yr) |  | (Street) |  | (City) |  | (Zip/State) |  |
| **Social Security Number:** |  |  |  |  |  | Date of |  |
|  |  |  |  | Birth: |  |  |

**Telephone Number (s):**



**Driver’s License Number/State:**



The information contained in this application is correct to the best of my knowledge. I hereby authorize **District 7620** and its designated agents and representatives to conduct areview of my background for the office of Rotary International District Governor 2022-2023 for District 7620 purposes. I understand that the scope may include, but is not limited to the following areas: verification of current and former employment history, education background, character references; civil and criminal history records and any other public records.

I hereby release District 7620 and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, Rotary International, or associates because of compliance with this authorization and request to release.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**