

**WESTCHESTER PUBLIC LIBRARY
BACKGROUND CHECK FORM
(Applicant Disclosure and Release)**

For Employment: For Volunteer: Department: _____

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Driver's License #: _____ Exp. Date: _____

Date of Birth: _____ SSN: _____

I understand that my date of birth will be used solely for identification purposes required

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my Education Record, Employment Record, Military Record, or Police Records from any and all police agencies, to release such information including but not limited to driving records, court records, credit reports, arrest reports, academic records, professional license record and employment information or records to the Westchester Public Library and will not be available for public inspection.

I hereby release such persons, agency, partnership or corporation from any liability, which may be incurred in releasing this information to the Westchester Public Library including under State and Federal law.

I agree that this Disclosure and Release will be valid now or in the future in original faxed, copies or electronic form.

Signature Date

State of Indiana)
) SS:
County of Porter)

Before me the undersigned, A Notary Public of Porter County, State of Indiana personally appeared

(Name of Person)

And acknowledged the execution of this instrument this _____ day of _____ 20__.

(SEAL) (Notary Signature) _____

(Printed Name) _____

My commission expires: _____