

# Wings Over the Rockies Air & Space Museum

## AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

I, \_\_\_\_\_, hereby authorize Wings Over the Rockies Air & Space Museum, and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment/volunteering. I authorize all persons who may have information relevant to this investigation to disclose it to Wings Over the Rockies Air & Space Museum, and/or their agent. I release and agree to hold harmless all persons providing such information and Wings Over the Rockies Air & Space Museum, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that my employment is contingent on receipt of satisfactory background results. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

_____		
Full Name (No Nicknames)		
_____	_____	_____
Maiden/Other Names Used		Date Last Used
_____	_____	_____
Maiden/Other Names Used		Date Last Used
_____	_____/_____/_____	_____
Social Security Number	Date of Birth	Sex
_____	_____	_____
Drivers License Number		State

Have you been convicted in the last seven (7) years of (or is action pending by any law enforcement agency for) any violation? (Include courts martial, but do not include juvenile convictions or traffic violations resulting in a fine of \$100 or less.)  
Yes ( ) No ( ) If yes, list all violations below, include dates and arresting agency. Attach additional pages if necessary.

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

A conviction will not necessarily bar an applicant from employment.

### ALL ADDRESSES FOR THE LAST SEVEN YEARS:

1.	_____ / _____ / _____ / _____ / _____ / _____
	Street City County State Zip Years From-To
2.	_____ / _____ / _____ / _____ / _____ / _____
	Street City County State Zip Years From-To
3.	_____ / _____ / _____ / _____ / _____ / _____
	Street City County State Zip Years From-To
4.	_____ / _____ / _____ / _____ / _____ / _____
	Street City County State Zip Years From-To

(attach additional pages if necessary)

_____	_____
Signature	Date