

Consent/Release Form for Background Screening

Applicant Name (print or type) _____
Last First Middle

SS Number _____ USJA Membership Number _____ DOB _____

USJA Club Name _____ Coach Name _____

PLEASE NOTE: ABSOLUTELY NO PO BOXES ARE ACCEPTED

Home Address _____ City _____ State _____ Zip _____

If less than 5 yrs _____ City _____ State _____ Zip _____

Telephone _____ Email address _____

I, the undersigned Applicant, authorize and give my consent for **Southeastern Security Consultants, Inc.** to obtain certain information regarding myself as prescribed by the USJA Board of Directors including any and all criminal charges of a pedophilia type nature and, all felony convictions for any of the following offenses:

- | | |
|------------------------------------|-------------------------------------|
| 1. Crimes against children; | 3. Crimes of violence; |
| 2. Sexual abuse, rape or assaults; | 4. Drug and alcohol related crimes. |

I, the undersigned Applicant, understand that if any felony or misdemeanor charges for sexual crimes or a crime against children have been brought against me at any time, sanctions may apply.

I, the undersigned Applicant, understand that if criminal charges of a pedophilia type nature have been brought against me at any time without a felony conviction, the same sanctions may apply as for felony convictions in the above categories.

I, the undersigned Applicant, authorize this information to be obtained either in writing or via telephone. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability to the fullest extent permitted by law. If Applicant is not cleared any information received pursuant to this authorization shall be held on file for investigation and appropriate action, if any, by the USJA Standards and Ethics Committee. All other information shall be destroyed upon review by the Chairperson of the USJA Standards and Ethics Committee, in accordance with the guidelines established by the United States Judo Association, Inc.

Printed Name _____ Date of Application _____

Signature _____

Send one copy of this form and a check in the amount of **\$16.00** payable to:

SOUTHEASTERN SECURITY CONSULTANTS, INC.

1853 Piedmont Road, Suite 100 - Marietta, GA 30066

Phone 866-996-7412, or Fax 866-996-1292

Payment by Check payable to Southeastern Security Consultants, or MasterCard or Visa accepted.

Card No: _____ / _____ / _____ / _____ Exp. Date: _____

Name on Card: _____ Authorized Signature: _____