



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The International Association for Child Safety, Inc./IAFCS ("The Organization") may obtain information about me in connection with my application for services (certification) with the Organization from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding, criminal history, social security verification, verification of my education or other background checks. **Credit history will NOT be requested.**

I have the right, upon written request made within a reasonable time, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of my report from Pinkerton, 11019 McCormick Road, Suite 200, Hunt Valley, MD, 800-635-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Organization to obtain information from any outside organization all manner of consumer reports and investigative consumer reports now to the extent permitted by law. As a result, you should I will carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by IAFCS by contacting the consumer reporting agency identified above directly. You may also contact the IAFCS to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the IAFCS shall provide within 5 days.

New York applicants only: The IAFCS will request a consumer report after receiving this Disclosure & Authorization form from you. Upon request, you will be informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of [Article 23-A of the New York Correction Law](#)

Oregon applicants only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the IAFCS has not maintained secured records is available to you upon request.

Washington State applicants only: You also have the right to request from Pinkerton a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and [SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT](#) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the IAFCS at any time after receipt of this authorization. In connection with my certification application to the IAFCS Board of Certification, I authorize Pinkerton and their respective agents, to solicit information about me to provide a criminal and sex offender background check to the IAFCS Board of Certification. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton, 11019 McCormick Road, Suite 200, Hunt Valley, MD, 800-635-1649, an outside organization acting on behalf of the IAFCS. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I release the IAFCS, Inc, the IAFCS Board of Certification and Pinkerton Consulting & Investigative Services, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

IAFCS Update: Information will only be available to the IAFCS Executive Director and/or the Board of Certification Chairperson.

New York applicants only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law .
Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the IAFCS. <input type="checkbox"/>
California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW . Please check this box if you would like to receive a copy of an investigative consumer report at no charge whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Applicants: If you have any problems with the hyperlinks, please contact certification@iafcs.org to receive a copy.

Print Name: _____

Signature: _____

Date: _____



Background Information Form

NAME (Print) _____
(First) (Middle) (Last)

ALIAS/OTHER NAMES USED (including Maiden names) _____

IF OTHER NAMES USED, please indicate year(s) name was changed _____

CURRENT ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS ADDRESS _____

PRIOR ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS ADDRESS _____

PRIOR ADDRESS _____

COUNTY _____ CITY _____ STATE _____

ZIP CODE _____ NUMBER OF YEARS ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH* _____

SOCIAL SECURITY NUMBER* _____

SIGNATURE _____ DATE _____

*This information will be used for background screening purposes for certification only and will not be used as hiring and/or certification criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Return to: IAFCS Board of Certification

Email: certification@iafcs.org

Mail: P.O. Box 396, Lutherville, MD 21094