

**VOLUNTEER BACKGROUND SCREENING AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ County Agricultural Extension District, Iowa State University Extension and Outreach, and/or its agents to make an independent investigation of my background, including social security number verification, motor vehicle, national criminal records, sex offender, state and federal abuse registry checks, including those maintained by both public and private organizations and all public records. A consumer reporting agency will be used to accomplish part of this background screen. The purpose of this authorization is to confirm the information contained on my Application and to obtain other information which may be material to my qualifications for service as a volunteer now and, if applicable, during the tenure of my volunteer service with County Agricultural Extension Districts (CAED).

To facilitate the background screening, I agree to provide CAED and Iowa State University Extension and Outreach (ISUEO) with my full name, date of birth, social security number, and other personal information requested on the Background Screening Disclosure Form. I understand that my failure to provide this authorization or information may result in my ineligibility to serve in any capacity involving youth, vulnerable populations, cash handling, or sensitive information.

Information provided by the consumer reporting agency for the criminal background check will not include a consumer credit report or credit score. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. For a summary of your rights under the FCRA, please see [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

I have carefully read and understand this Background Screening Authorization and, by signing below, I authorize a consumer reporting agency to release national sex offender registry and/or criminal record reports to ISUEO and CAED. This Background Screening Authorization in original, faxed, photocopied, or electronic form will be valid for securing background screening reports that ISUEO and CAED may request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under age 18, parental approval is required:

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

This document will be kept on file with the County Agricultural Extension District

**...and justice for all**

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