

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any duly accredited representative of Christian Overcomers to request and obtain any information relating to my activities from criminal justice agencies to include criminal history record information about me for the sole purpose of making a determination of suitability and eligibility to serve as a volunteer at Christian Overcomers functions, including but not limited to camp at Spruce Lake Retreat in Canadensis, Pennsylvania.

I understand that the information released by records custodians is for official use by Christian Overcomers for the purposes described above and that any information developed will not be released to any party outside of the Overcomers staff and Board members and will be held in confidence by those individuals in accordance with the Privacy Act of 1970. A photocopy of this authorization with my signature is valid. This authorization shall remain in effect

so long as I remain associated with Christian Overcomers staff,
the Board, and any mentally or physically disabled
individuals served by the organization.

Signature

Printed Full Name

Date of Birth

Current Address

Social Security Number

Date
signed

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