



TVCHomeless.org business contact | 877.488.8234
homeless assistance | 888.556.0791 fax | 866.876.0527
office | 4313 Ball Camp Pike, Knoxville, TN 37921
mailing | PO Box 1015, Jacksboro, TN 37757

Security Policy Release Form

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Tennessee Valley Coalition for the Homeless, Inc. ("the Company") may obtain information about you for HMIS Security Officer clearance purposes from a third party consumer reporting agency.

These reports may contain information regarding your criminal history, and the sex offender registry. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that this investigation will be handled by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your tenure as HMIS Security Officer to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my tenure as HMIS Security Officer, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, or information service bureau, to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. LexisNexis® Screening Solutions Privacy Policy: privacypolicy.lexisnexis.com/screen.html. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

LAST NAME

FIRST NAME

MIDDLE

SIGNATURE

DATE SIGNED:



TVCHomeless.org fax | 866.876.0527
hotline | 877.488.8234 veteran hotline | 888.556.0791
office | 531 Callahan Dr. Suite 102, Knoxville, TN, 37912
mailing | PO Box 1015, Jacksboro, TN 37757

CONSUMER INFORMATION

This information will be used for background screening purposes only and will not be used as criteria.

LAST NAME: _____

FIRST NAME: _____ MIDDLE: _____

OTHER NAMES/ALIAS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

PRESENT ADDRESS: _____

CITY/STATE/ZIP: _____