

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Cornell Cooperative Extension (CCE) Madison County, I hereby authorize ChoicePoint Services Inc., on behalf of CCE Madison County to procure a background report.

This report may be compiled with information from courts record repositories, departments of motor vehicles, and other sources required to verify information that I have voluntarily supplied. I understand that if my status as a volunteer is negatively affected by this report, I am entitled to a copy of the report and information on the appeal process.

Applicant Signature

Date

Social Security Number *

Date of Birth *

*for identification purposes only

Driver's License State _____

Driver's License Number _____

Printed name and address:

-----, NY _____

Peg C:/VIP/Authorization 10.06