



**VOLUNTEER INFORMATION RELEASE AUTHORIZATION FORM**  
**Standard Background Checks & NSOR Checks**

I hereby authorize the University of New Hampshire and its designated agents and representatives to conduct a comprehensive review of my background. A standard background review consists of a criminal history review, sex and violent offender registry review, social security trace and verification.

The social security trace is a search based on a social security number (SSN). The trace returns all the credit header information associated with that SSN. This does not mean a credit check is being run – it does not involve credit scores or credit account information. The information returned on a social security trace is focused on *address* history associated with that SSN. Any copy of the SSN handled by UNH Cooperative Extension staff is destroyed after it is submitted.

A summary of your rights under the Fair Credit Reporting Act is available at:  
<http://www.unh.edu/hr/background/pdf/consumer-rights.pdf>

*Thank you for your interest in becoming a volunteer for UNH Cooperative Extension. We appreciate your cooperation with our screening process and assure you this information will be kept in the utmost confidence.*

**TO BE COMPLETED BY COOPERATIVE EXTENSION VOLUNTEER SUPERVISOR**

PROGRAM: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Background check type (check one):

\_\_\_\_\_ Initial or follow-up standard background check      \_\_\_\_\_ National Sex Offender Registry Check ONLY (NSOR-only)\*\*

*NOTE: if volunteer will be volunteering at a program that qualifies as a Youth Skills Camp, and this is their initial background check, then the “VOLUNTEER INFORMATION RELEASE AUTHORIZATION FORM – Youth Skills Camps Background Checks” must be used instead of this one.*

**TO BE COMPLETED BY VOLUNTEER APPLICANT**

PRINT NAME: \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY #: \_\_\_\_\_ \*\* (SS# is not necessary if “NSOR-only” is checked above)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

CURRENT ADDRESS: \_\_\_\_\_  
Street Number & Name City State Zip

EMAIL (Print): \_\_\_\_\_ PHONE# : \_\_\_\_\_

*I have carefully read and understand this Disclosure and Consent form. By my signature below, I consent to the release of consumer reports to the University of New Hampshire and its designated representatives and agents. I certify the information I provided on this form is true and correct and I agree that this Disclosure and Consent form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the University of New Hampshire.*

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_