



PRESBYTERY OF FLORIDA

Serve Christ, Love the World

www.presbyteryofflorida.com

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BACKGROUND INQUIRY RELEASE FORM

In relation to my service/employment in the Presbytery of Florida, I understand and authorize the access of information from various federal, state and other agencies maintaining information regarding any public record information. I further authorize all contacts necessary to verify my prior employment history and medical history, including any physician who has treated me (specifically including any psychiatrist, mental health professional, or psychologist).

I also understand this information may be used to deny me employment and agree to hold harmless the Employing Entity, as well as any prior employer, psychologist, psychiatrist, mental health professional, physician, law enforcement authority, or judicial authority from any claims, liabilities, and cause for action for the release or the use of any information. I further understand that this information may be accessed during my service/employment and up to 30 days after separation from this Presbytery. I hereby consent to your obtaining various public record information from Presbytery/Church employers; from **Protect My Ministry, Inc.** and/or any other party or agency in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

I have received a copy of "**A Summary of Your Rights Under the Fair Credit Reporting Act.**"

Signature: _____ Date _____

Please complete the following information. PLEASE PRINT.

Full Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street)

(City) (State) (Zip)

Social Security Number: _____ Date of Birth: _____

Gender ___M ___F

Driver's License Number: _____

State of Issuance _____