

# *Permission To Release Background Check Information*

*I \_\_\_\_\_ hereby authorize Elder Care Services to release any information that they may have about me to the Calhoun County Public Library. I release all persons or companies from any liability or responsibility from doing so. Furthermore, I authorize the procurement of a consumer report and understand that such a report may contain information about my background, character and reputation.*

*I agree to fully cooperate on Elder Care Services background investigation.*

*Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

