Billings Family YMCA
402 North 32nd Street
Billings, MT 59101
(406) 248-1685
fax (406) 248-3450

RELEASE OF INFORMATION

Please print CLEARLY and use your FULL LEGAL name

First Name | Middle Name | Last Name

Physical Address **(NO P.O. Box)** | City | ST | Zip

Phone Number | Date of Birth (mm/dd/yyy) | Social Security Number

Email Address

Cities you have lived in (last 10 years):

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of investigative reports to the Billings Family YMCA. This is in conjunction with my application for employment, during the entire course of my employment, if any, and after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the Billings Family YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining investigative reports requested by the Billings Family YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. A photo copy of this form is as valid as the original.

Sign | Date

Staff Person Accepting Form:

If this form is for volunteer purposes please list the department and give to the Volunteer Coordinator.

Department | Volunteer Coordinator Signature | Date