Iredell-Statesville Schools Mentoring Program
INFORMATION RELEASE

I,_____, understand it will be necessary for the Iredell-Statesville Schools Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize the I-SS Mentoring Program by and through Qualifying Profiles Inc. (QPI) to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for the I-SS Mentoring Program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once mentor/mentee match is determined, my identity and any other information known about me may be shared with mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named above from all liabilities of damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded. I understand that the information requested below regarding sex, race and date-of-birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. If I am selected, this release authorization shall remain in effect for the duration of my volunteering. A telephonic facsimile or photocopy of this authorization shall be as valid as the original.

***QPI fully complies with the Fair Credit Reporting Act and the ADA.**

_____ _____

(print) Last name First Middle **Social Security Number**

_____ _____

Maiden and/or Other Names Used **Driver's License Number /State Issued**

_____ _____

Current Address (street) **Date of Birth Sex Race**

_____ _____

City, State, Zip Code and County **Applicant's Signature**

List previous address(es), other than that above, for the past seven years:

_____

_____

_____

(Street Address) (City) (State) (Zip Code) (Years)

In accordance with the FCRA you may request a copy of the final report. Please provide the method of delivery you prefer:

E-Mail _____
Fax _____
Mail to address above