

**CONFIDENTIAL**



**WACHUSETT YOUTH FOOTBALL AND CHEER**  
**CORI/BACKGROUND CHECK AUTHORIZATION**

**PRINT LEGAL NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**DATE OF BIRTH:** \_\_\_\_\_  
(MM/DD/YYYY)

**LAST 6 DIGITS OF SOCIAL SECURITY NUMBER** \_\_\_\_\_  
(XX-XXXX)

The information contained in this application is correct to the best of my knowledge. I hereby authorize (Wachusett Youth Football and Cheer, Inc.) and its designated agents and representatives to the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources for volunteer purposes.

I hereby release Wachusett Youth Football and Cheer, Inc., the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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