

# **APPLICANT RELEASE & AUTHORIZATION**

I hereby authorize **Camp Marist and the Marist Brothers of NH**, authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

**PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.**

**Name:** \_\_\_\_\_ **Alias/Other:** \_\_\_\_\_  
(First, Middle, Last - Print Clearly) (Maiden Name)

**Date of Birth:** \_\_\_\_\_ **Social Sec.** \_\_\_\_\_

**Driver's Lic. No.:** \_\_\_\_\_ **State** \_\_\_\_\_

**(1) Current Addr:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

**(2) Previous Addr:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

**(3) Previous Addr:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Please return your authorization form fully completed and signed to:  
Camp Marist, 22 Abel Blvd., Effingham, NH 03882  
Fax (603) 539-8318**