

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize your agency to furnish Covenant Cedars Bible Camp, or their appointees, any information that you have concerning my work record, driving record, education record, reputation, criminal record, or any information they might request. Information of a confidential or privileged nature may be included. I further authorize copies of those records to be made and given to the above named firm, if requested. I am aware that the information provided will be used by Covenant Cedars Bible Camp, or their appointees, in their background investigation of me. I hereby release your agencies and others, or their appointees, from any liability or damage which may result from the information released. I also acknowledge that Covenant Cedars Bible Camp, or their appointees, may contact consumer reporting agencies and any other person or agency which may have information about me. I am authorizing any person to provide any information, any consumer report, or any investigation report regarding information about me. Copies of this information may also be obtained by Covenant Cedars Bible Camp or their appointees.

PART 1: RELEASE INFORMATION			
First Name:	Middle Name:	Last Name:	
Current Address:			
City:	State:	Zip:	
Previous Address:			
City:	State:	Zip:	
Social Security Number:	- -	Birthdate:	/ /
Driver's License Number:	Date Issued:	/	/

Rules for acceptance and participation in Covenant Cedars Bible Camp are the same for everyone regardless of age, sex, color, race, handicap, or national origin. Any person who believes he or she has been discriminated against in these USDA related camps should write to Administrator of Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302.