



### AUTHORIZATION TO RELEASE INFORMATION

I authorize Atoka Dixie Softball to perform a background investigation.

I understand and offer my consent for Atoka Dixie Softball to inquire into and/or obtain any records as needed—such as previous employment, references, educational, motor vehicle records and criminal histories.

My signature on this form waives any rights I may have to bring action for defamation, invasion of privacy, or any similar cause against Atoka Dixie Softball.

If an explanation is needed on the information obtained by Atoka Dixie Softball, I understand that it is my responsibility to call them.

\_\_\_\_\_  
Signature of Coach / Volunteer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Coach / Volunteer's Full Name

\_\_\_\_\_  
Maiden Name/Former Married Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Length at Address

\_\_\_\_\_  
Former Address

\_\_\_\_\_  
Length at Address

\_\_\_\_\_  
Former Address

\_\_\_\_\_  
Length at Address

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Former Address

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Length at Address