

# MedReach, Inc.

## Authorization for Release of Information

To the extent permitted by the applicable Federal, State and Local Law, I hereby authorize and permit *Protect My Ministry* acting on behalf of MedReach, Inc. to obtain, and any person, firm or entity to release to *Protect My Ministry* or its authorized representatives, the following: 1) records concerning any criminal history that I may have; 2) records concerning my driving history. I agree that a copy of this authorization has the same effect as an original. I hereby release and hold harmless any person, firm, or authorized representatives from liability that might otherwise result from the request for, use of and/or disclosure of all the foregoing information.

### PLEASE PRINT CLEARLY

Full Name:

\_\_\_\_\_

(First) (Middle) (Last)

List any other names that you have worked or attended school under, including maiden names:

\_\_\_\_\_

Current Address Since: \_\_\_\_\_

(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_

(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_

(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

MedReach, Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

The information contained in this application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_