

# Background Screening Consent Form

**Decatur Fastpitch Softball**  
**P.O. Box 491**  
**Decatur, AL 35602**  
[www.decaturfastpitch.com](http://www.decaturfastpitch.com)

I, \_\_\_\_\_, authorize ADM & Associates, Inc. to conduct an independent investigation of all public records, my background, my driving record, my police record, and my criminal history information for the purpose of providing a background report.

I release ADM & Associates, Inc. and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. I further understand that ADM & Associates, Inc. and its agents will adhere to applicable state and federal statutes concerning the securing, handling and release of information obtained in the background investigation.

**Print your true and complete legal name below.**

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Full Name Printed

**Print all other names ever used, including maiden name, names from previous marriages and names prior to adoption.**

**List addresses for the last seven (7) years below.**

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Present Address	City/State/Zip	Length of Time
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Former Address	City/State/Zip	Length of Time
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Former Address	City/State/Zip	Length of Time
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Date of Birth: \_\_\_\_\_  
                            Month                            Day                            Year

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Driver's License \_\_\_\_\_

**All information on this document is true and correct to the best of my knowledge.**

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SIGNATURE

DATE

**Return completed form to Tish Hazel-Treasurer, Decatur Fastpitch**