

WEST BRANCH RIFLE AND PISTOL CLUB

AUTHORIZATION TO RELEASE INFORMATION

The information you provide below will be used to perform a criminal background check, for the purpose of ensuring that you are legally eligible to purchase and own firearms. *This form will be destroyed when the background check is complete. Your Social Security Number, and the results of this background check, will not be kept on file with West Branch Rifle and Pistol Club.*

I, _____

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____
Current Address	Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

_____	_____
_____	Dates of Residence:
_____	_____
_____	_____

_____	_____	_____
Other Names Used (including maiden name)	Years Name Used	

_____	_____
Date of Birth	Social Security Number

I do hereby authorize verification of all information in my membership application from all sources of criminal history, and personal character, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain such information, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release of information which will be considered in determining any suitability for membership. I certify that I have made true, correct, and complete answers and statements on my membership application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for membership. I agree to provide additional information that may be requested to process my membership application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my membership to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc**, has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my Application or any supplements to it and in any interviews will be sufficient grounds for rejection of membership and termination of membership after enrollment.

_____	_____	_____
Printed Name	Applicant Signature	Date