

**DISCLOSURE AND AUTHORIZATION TO PERFORM
CRIMINAL RECORDS CHECK**

DISCLOSURE

By signing below, you acknowledge and understand that in connection with the Commission to Mexico Work and Witness trip with Southern Nazarene University, reports or Investigative reports which may contain public record information may be requested or made on you including criminal records and driving history. Furthermore, you understand that information from various Federal, State, and local and other agencies which contain information about your past activities will be requested. You are hereby notified that you have the right to receive a copy of the above Investigative background report upon your written request.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any police department, division of motor vehicles, or other persons or agencies having knowledge about you to furnish Southern Nazarene University and/or Trak-1 Technology with any and all background information in their possession regarding you, in order that your participation in the assignments named above may be granted. You further agree to release Southern Nazarene University and/or Trak-1 from any and all liability resulting from such disclosure.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct, and accurate.

The following information is required in order for TRAK-1 Technology to obtain and complete consumer report.

PRINT FULL LEGAL NAME, (First, Full Middle Name, Last Name)

PRINT OTHER FORMER NAMES/ALIASES (aka, but not limited to, maiden name, married names, surnames, etc.)

STREET ADDRESS	CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
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DRIVERS LICENSE NUMBER	ISSUING STATE
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SIGNATURE	DATE
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