

# Authorization to Release Information



# Association for Teen-Age Diplomats

The US Department of State requires that all exchange organizations perform a national criminal background check on ATAD Board members who have regular contact with exchange students, and on all adult household members of a potential Host Family. This check will be conducted at the beginning of each term for ATAD Board members, and each time a family hosts an International Student. The results of such checks may only be viewed by members of the ATAD Host Family Committee and the ATAD Executive Committee, and will remain strictly confidential. We ask for your signed permission to conduct such a check. Upon your written request, a copy of the report will be sent to you.

## To be completed by each ATAD Board Member or all household members of a potential Host Family who are age 18 or older:

Address: \_\_\_\_\_  
Street City State Zip Code

If your permanent residence was outside of New York State in the past 10 years, please list previous address:

Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month / Day / Year

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

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month / Day / Year

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

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month / Day / Year

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

I authorize The Association for Teen-Age Diplomats (ATAD) to obtain information about me from my references and all law enforcement agencies, whether such information is public or private, and I release all persons from liability on account of such disclosures. I authorize my references and all law enforcement agencies to disclose such information about me that may be deemed appropriate by ATAD to determine my qualifications to serve as an ATAD volunteer, host parent, or other adult member of a household for an International Exchange Student. I have the right to request from ATAD a copy of all information received from law enforcement agencies.

If additional space is needed, please use the back of this form.