

**SHIPPENSBURG UNIVERSITY**  
**INFORMATION RELEASE AUTHORIZATION**  
**VOLUNTEER**

I, \_\_\_\_\_, hereby authorize any educational institution, any past or present employer (including any branch of the armed services), any local, state, or federal government agency (including any laws enforcement or security agencies) to release to Shippensburg University through its authorized representative(s) bearing this authorization, all information concerning me.

I voluntarily agree to this investigation of my background with the knowledge and understanding that whatever information is obtained is for the official use of Shippensburg University and will not be released to any other parties.

I further understand any information obtained during such investigation may only be used to determine my fitness, competence, and ability for the purpose of volunteering at Shippensburg University.

I release Shippensburg University from any liability which may result from making this investigation. Furthermore, I hereby forever release anyone who has knowledge or information concerning my employment history and criminal history from any claims or demands from liability or damages for disclosure of true and accurate information provided by this investigation. This authorization shall supersede and countermand any prior request or authorizations to the contrary.

I further authorize the use of photocopies of this authorization.

Name: *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_  
*Please print clearly*

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Current  
Address: \_\_\_\_\_  
City/State/Zip  
Code: \_\_\_\_\_

\*Department/Program/Club/Sport where you are  
volunteering: \_\_\_\_\_

**PLEASE RETURN COMPLETED/SIGNED FORM TO Shippensburg University Human Resources Office, Old Main Room 109, 1871 Old Main Dr , Shippensburg PA 17257**  
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