

AUTHORIZATION FORM

I, _____, hereby authorize use or disclosure of protected criminal background information (obtained as a result of fingerprinting) obtained by FRGSL and any and all other Flemington Raritan Youth Sports Program and any other non-profit organization requiring finger printing for the purpose of criminal background check.

1. The following specific person or class of persons or facility is authorized to make the requested disclosure:

Flemington Raritan Girl Softball League (FRGSL)

2. The following person or class of persons may receive disclosure of protected criminal background information about me:

A. Any and all other Flemington Raritan Youth Sports Program.

B. _____

C. _____

3. The specific information that should be released is: **ANY AND ALL** criminal background information obtained as a result of my providing fingerprints.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations. I hereby agree to hold FRGSL and any and all other Flemington Raritan Youth Sports Program and any other non-profit organization requiring finger printing for the purpose of criminal background check harmless and indemnify them in the event any litigation results from their disclosure of the information.

5. I may revoke this authorization by notifying **FRGSL** in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

6. This authorization expires on _____.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

Signature

Dated: _____

MAIL TO:
Flemington Raritan Girls Softball League
P.O. Box 24
Flemington, NJ 08822