

AUTHORIZATION/RELEASE
FOR CRIMINAL HISTORY AND MOTOR VEHICLE RECORD CHECK

I understand that as a condition of obtaining and/or maintaining employment or volunteer service with this municipality I am required to allow Tredyffrin Township to complete a background investigation of me which includes criminal history and/or motor vehicle record (MVR) checks. So that Tredyffrin Township can determine whether I have a criminal record or history of motor vehicle violations, I hereby authorize Tredyffrin Township to have the Delaware Valley Municipal Management Association (DVMMA) obtain the required information on behalf of my prospective employer from the Pennsylvania State Police, the Federal Bureau of Investigation, the Pa. Bureau of Motor Vehicles, and any other government agency. In granting this authorization I acknowledge that DVMMA is acting solely as an agent for Tredyffrin Township and is only authorized to provide the results of the criminal background and/or MVR checks to Tredyffrin Township and no one else. I understand and agree that this authorization will also apply to any future updated criminal history and MVR information obtained by DVMMA on behalf of Tredyffrin Township.

I hereby direct the Delaware Valley Municipal Management Association to release any criminal history and MVR information about me to Tredyffrin Township. I understand that this information may be released or disclosed within the municipality and may later be disclosed by the municipality as otherwise required by law. I also hereby release DVMMA and its officers, agents and employees from any and all claims, liability and actions for damages of whatever kind which I may have at any time arising from DVMMA's role as agent for Tredyffrin Township in obtaining and releasing to Tredyffrin Township my criminal history and MVR information as authorized herein. DVMMA cannot act as a guarantor of information accuracy or completeness.

I hereby acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act ("FCRA") entitled "**A Summary of Your Rights Under the Fair Credit Reporting Act**". I also acknowledge that a facsimile or photographic copy of this Authorization/Release shall be as valid as the original.

EMPLOYEE NAME

(Please Print Legibly) _____
First Middle (full name) Last Maiden

Signature: _____ Date: _____

***Parental Acknowledgement – Complete if applicant is a minor (under age 18):**

Name of Parent/Legal Guardian (Print): _____ Signature: _____

CRIMINAL BACKGROUND CHECK – Information Required:

Print All Former Names Used:

(1) _____

(2) _____

Number of Years as Legal Resident of Pennsylvania: _____

(Note: If PA resident for less than five years, FBI background check is required.)

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number (if available): _____

MOTOR VEHICLE RECORD CHECK – Information Required:

Drivers' License Number: _____ State: _____

****Forward completed form to Delaware Valley Insurance Trust for processing.****

719 Dresher Road, Horsham, PA 19044 * Ph 267-803-5716 * Fx 215-706-0895

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