

**Authorization for Release of Information**

**Background Report**

For the purpose of evaluating my qualifications to be a Volunteer Ombudsman to vulnerable adults who reside in long term care residential care facilities through South Carolina Volunteer Ombudsman Program, I consent to the Lieutenant Governor's Office on Aging or its agents conducting a background check which may include but is not limited to investigation of my employment history, educational background, criminal history, military records, credit history, Department of Social Services records, Department of Health and Environmental Control records, and Department of Motor Vehicle records.

Below, I have provided my full name, date of birth and social security number for this purpose. I understand and agree that if I choose not to provide this information or otherwise refuse to consent and authorize this background check, any conditional offer will be withdrawn and I will not be allowed to participate in the Volunteer Ombudsman Program.

I may receive complete disclosure about the nature and scope of the background check and any information received by the Lieutenant Governor's Office on Aging or its agents during this background check by submitting a written request to the Lieutenant Governor's Office on Aging or its agents within 45 days of their receipt of such report. All information received by the Lieutenant Governor's Office on Aging or its agents as a result of this background check will be maintained confidentially and not released to anyone for any purpose except as I personally designate in writing. The Lt. Governor’s Office or its agents may disclose copies of all results of this background check to the decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf or as required by law.

I understand that a photocopy or facsimile of this signed document shall be as valid as the original document and authorizes the Lieutenant Governor's Office on Aging or its agents to perform the background check as stated above.

I hereby release the Lieutenant Governor's Office on Aging and its agents from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy. I authorize all persons who may have information relevant to this research to disclose such information to the Lieutenant Governor's Office on Aging or its agents, and I hereby release all persons from liability because of true and accurate disclosure.

May we contact your present employer? Yes No

Date Applicants Signature

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

D/O/B

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License State & Number:



Address:

City, State, and Zip:

**Lieutenant Governor's Office on Aging**

**Office of the State Long Term Care Ombudsman**

**1301 Gervais St., Suite 350**

**Columbia, SC 29201**