

RELEASE OF INFORMATION CONSENT

I, _____ authorize
(Name of prospective member)

_____ to disclose to
(Name of Company or Employer)

LSTF the following information:

Dates of Employment, Job titles and positions held, verify certifications and licenses.

The purpose of the disclosure authorized herein is to:

Validate employment, job positions, verify any certifications or licenses.

I understand that my records are protected under federal regulations and cannot be disclosed without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically

as follows: **After information is provided to the above organization.**

(Specification of the date, event, or condition upon which this consent expires)

Signature: _____ **Date:** _____

BACKGROUND REVIEW CONSENT

I understand and agree that: Lone Star Task Force (LSTF) shall conduct a review of my personal background to include criminal history record information maintained by the Department of Public Safety, the Federal Bureau of Investigation, Identification Division, or any other law enforcement agency. The LSTF Board of Directors may request that I provide a complete set of legible fingerprints and I further understand that I may be precluded from membership for the LSTF for failing to provide such fingerprints on request. I hereby give my voluntary consent to any investigation or any other inquiry into information described above. Further, I hereby consent to the release of any information including certification and academic records to LSTF, back ground reviewer, or persons assisting in conducting review or inquiry on their behalf. I understand that certain information obtained through this review or inquiry may preclude me from becoming a member of LSTF. I further hold harmless and release LSTF its agents, officers or members, from any and all liability for this review, investigation or inquiry, and any action taken as result of information obtained through the review, investigation or inquiry. I further hold harmless and release any person providing information in good faith to LSTF or to any person conducting an investigation or inquiry on their behalf. I further understand that any person or member who intentionally, knowingly, recklessly, or with criminal negligence makes a material incorrect or deceptive oral or written statement to a person conducting a review, investigation commits a misdemeanor.

Signature: _____ **Date:** _____