

MWR GUEST PASS
Authorization to Conduct Background Investigations

I hereby authorize and consent to the release of information and records bearing on my personal history, arrests and convictions, if any, to: First Advantage and its subsidiaries, affiliates, officers, agents, and employees, the Morale, Welfare and Recreation Department and Naval Station Mayport. The information will be used for the sole purpose of determining my access to Naval Station Mayport and the Morale, Welfare and Recreation Department's facilities and that the execution of this form is voluntary.

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the criminal justice agency or other person furnishing such information or record. I release LexisNexis Screening Solutions, Inc., and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all sources used. The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

PLEASE PRINT CLEARLY---PLEASE PRINT CLEARLY---PLEASE PRINT CLEARLY

Print Name: _____
 First Name **Middle Name** **Last Name**

Phone Numbers: _____(hm) _____(wk)

Signature: _____ Date: _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

Print former name if name changed (going back 7 years only): _____
(through marriage (maiden) or otherwise)

“GOLF NOW” BACKGROUND FEE WAIVED

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

GOLF NOW FEE WAIVED

City: _____ State: _____ County: _____

City: _____ State: _____ County: _____

“GOLF NOW” BACKGROUND FEE WAIVED