



Consent to Criminal Background Check Review

I, _____, as an AmeriCorps ACCESS Project member, hereby
(print full legal name)
authorize the University of North Carolina at Greensboro to release Criminal Background Check results for the purposes of review. Only authorized AmeriCorps ACCESS staff, North Carolina Commission on Volunteerism and Community Service staff, and Corporation for National and Community Service staff have access to member files that contain information related to all national service criminal history check results.

ACCESS Member Signature

Date

Parent/Guardian (signature) (if member under 18 years of age)

Date

Parent/Guardian Name (print)

Relationship to member

(____)_____
Telephone Number

Street Address

City

State

Zip

