

**Consent/Release Form for Background Screening**

Applicant Name (print or type) \_\_\_\_\_  
Last First Middle

SS Number \_\_\_\_\_ USJA Membership Number \_\_\_\_\_ DOB \_\_\_\_\_

**PLEASE NOTE: ABSOLUTELY NO P.O. BOXES ARE ACCEPTED**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If less than 5 yrs \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

I, the undersigned Applicant, authorize and give my consent for **Southeastern Security Consultants, Inc.** to obtain certain information regarding myself as prescribed by the USJA Board of Directors including any and all criminal charges of a pedophilia type nature and, all felony convictions for any of the following offenses:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. Crimes against children;        | 3. Crimes of violence;              |
| 2. Sexual abuse, rape or assaults; | 4. Drug and alcohol related crimes. |

I, the undersigned Applicant, understand that if criminal charges of a pedophilia type nature have been brought against me at any time without a felony conviction, the same sanctions may apply as for felony convictions in the above categories.

I, the undersigned Applicant, authorize this information to be obtained either in writing or via telephone. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability to the fullest extent permitted by law. If Applicant is not cleared any information received pursuant to this authorization shall be held on file for investigation and appropriate action, if any, by the USJA Standards and Ethics Committee. All other information shall be destroyed upon review by the Chairperson of the USJA Standards and Ethics Committee, in accordance with the guidelines established by the United States Judo Association, Inc.

Printed Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Signature \_\_\_\_\_

Would you like a copy of your background screening results sent to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Send one copy of this form and a check in the amount of **\$16.00** payable to:

**SOUTHEASTERN SECURITY CONSULTANTS, INC.**  
1853 Piedmont Road, Suite 100  
Marietta, GA 30066  
Phone 866-996-7412, or Fax 866-996-1292

If you have requested that a copy of your background screening results be sent to you, then you must also enclose a self addressed stamped/postage pre-paid envelope.