



## RELEASE OF INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

located at: \_\_\_\_\_

to release information or records about me to:

IDAHO YOUTH SOCCER ASSOCIATION  
2419 W. State Street, Ste. #2  
Boise, ID 83702

As part of the Idaho Youth Soccer Association Risk Management program, all coaches, managers, and volunteers must submit to a criminal and background check unless they show proof that one was recently done by either a federal or state government.

I am hereby requesting the release of this information for proof that your agency recently completed a background check on me.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name