



Prospective Youth Conditioning Specialist Background Screening Consent/Release Form

Applicant's Name (printed) - _____

Social Security Number - _____

Date of Birth - _____ Phone # - _____

Email Address - _____

Applicant's Address -

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my Youth Conditioning Specialist application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in accordance with the organization's guidelines.

Print Name:

Date:

Signature:

Please fill this consent form out ENTIRELY and send it, along with your exam, via Certified Mail (if you are in the US, International applicants must send with receipt confirmation) to:

IYCA Exam
PO Box 1539
Elizabethtown, Ky 42702

Disqualification criteria includes, but is not limited to sex offenses, violent acts and endangering children. To view a full and specific copy of the policy, please visit www.ssci2000.com

All IYCA Criminal Background Checks are conducted by Southeastern Security Consultants Inc.