



# Clarity Camp

## Volunteer Authorization for Release of Confidential Information

**Employee or Volunteer (“Subject”) Information** (including any aliases)

Last Name(s) \_\_\_\_\_

First Name(s) \_\_\_\_\_

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

**To (organization):** \_\_\_\_\_

You are hereby authorized and requested to disclose and give copies to Clarity Ministries my background check and volunteer screening records which you collected as a condition of my staff or volunteer service.

**Purpose for the Disclosure:** Service at Clarity Ministries summer youth camp.

This consent form will expire on July 1st, 2022 or 90 days from the date of Subject’s signature, whichever date comes sooner.

I understand that this information is protected by law and cannot be released/requested without my written consent unless otherwise provided by law. I further understand that this consent may be revoked by me, in writing at any time, except if the information has already been released or obtained.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Effective Date \_\_\_\_\_