

Authorization for a Grievance Records Check

Please fill out completely. Type or print clearly.

Personal Information		
Last Name:	First Name:	MI:
Current Address:		
City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (MM/DD/YY):	
Please list any other names you have used (maiden, birth, alias):		
Please list any home club(s) and dates of membership:		
Are you currently a member of U.S. Figure Skating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any current or former U.S. Figure Skating membership numbers you have had:		
Are you currently a member of the PSA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any current or former PSA membership numbers you have had:		

Whereas I am interested in being considered for a sensitive position of trust and well-being of U.S. Figure Skating participants and I am required to disclose whether or not I have been charged with any grievances under U.S. Figure Skating or the PSA:

And whereas I understand that disclosure of a grievance record may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if **Company** should decide any grievance disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that record to determine whether or not my grievance record indicated that I present a risk to participants:

I therefore, authorize **Company** through U.S. Figure Skating and the PSA to conduct a grievance history file check or investigation by name and identifiers.

Name: _____ **Signature:** _____ **Date:** _____
(please print)

Person Requesting Information	To be completed by club/rink official
Name:	Title/Position:
Address:	
City:	State: Zip:
Daytime Phone: ()	Fax: ()
Reason for request:	

I certify that the information being requested is for official purposes only and will not be used for any other purpose, nor shared with anyone outside of above named organization.

Name: _____ **Signature:** _____ **Date:** _____
(please print)