

Permission Form and Privacy Agreement

In accordance with the Area 20 Safety and Behavioral Requirements for Alateen and Al-Anon Members Involved in Alateen Service (AMIAS), I am an Alateen Sponsor for _____ (Alateen group name) and agree to allow the Area 20 Alateen Process Person perform a background check through the Kansas Bureau of Investigations (KBI).

Legal Name _____
(First, Middle, Last)

Any alias names _____
(i.e.: maiden name, previous marriage, etc.)

Date of Birth _____ Place of Birth _____

Male Female

Address _____

Social Security Number _____

Any and all information provided to Kansas Al-Anon/Alateen will be used only for the purpose of certification for the Area 20 Safety and Behavioral Requirements for Alateen. The information received will be held in the strictest confidence and is only between the Area 20 Alateen Process Person and the subject of the background check. I will indemnify and hold harmless Kansas Al-Anon/Alateen and the Kansas Bureau of Investigation and its employees, including their heirs, executors, administrators, personal representatives, successors and assigns from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or other remedies arising from the providing of background check information.

- I would like a copy of the KBI background check results.
- I would like my KBI background check results to be shredded upon completion.

Signature

Date