



## AUTHORIZATION TO RELEASE INFORMATION 9/11

### NORTH DAKOTA AMATEUR HOCKEY ASSOCIATION SCREENING FORM

<b>REQUESTER:</b>	
<b>NORTH DAKOTA AMATEUR HOCKEY ASSOCIATION (NDAHA), AN AFFILIATE OF USA HOCKEY</b>	
<b>NDAHA RISK MANAGEMENT SCREENING COMMITTEE</b>	<b>3515 Webster Sub Valley City, ND 58072</b>
<b>PHONE : 701-845-2595</b>	

<b>RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW: Print legibly and ensure all information is complete</b>			
Last Name	First Name	Middle Name	
(AKA/Maiden/Former) Last Name	First Name	Middle Name	
Date of Birth (MM/DD/YYYY)	Social Security Number		
Specific reportable <b>criminal events or convictions</b> identified by date, offense, agency or court. (Any and All)			
Address	City	State	Zip
If you have not lived in State you listed above for the last 10 years, list all the States you have lived in:			
Hockey Association		Position with Hockey:	
I certify that all information given by me in this application is true and correct. I authorize NDAHA to run a criminal record check and investigate all information contained in this application. I hereby waive, release and discharge North Dakota Amateur Hockey Association from liability for all damages or losses.			
Signature _____		Date _____	
This is my ____ year filling out the NDAHA screening form.			

NDAHA Risk Management assures the content of these records and this record is secure. NDAHA Screening Policy and Screening forms can be found on our web site @ [www.ndaha.org](http://www.ndaha.org) / Risk Manager.

**North Dakota Amateur Hockey Association Screening Policy requires this completed form must be submitted before the applicant has contact with the minor Children.**

Return this Completed and Signed Authorization to Release Information form:

**NDAHA Screening Committee  
3515 Webster Sub Division  
Valley City, North Dakota 58072**