



2004 Summer Symposium presented by YAMAHA®

June 21-26, 2004 -- Illinois State University

Team SWAG Personal Information Form

Name: _____

Preferred Mailing Address (for use to mail information after June 1st)

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email address: _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

THIS SECTION MUST BE COMPLETED BY EVERY APPLICANT, REGARDLESS OF CRIMINAL RECORD

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Drivers license information is also needed in order for individuals to drive University, BOA, and rental vehicles.

Signature _____

Print Name _____ Print Maiden Name (if applicable) _____

Print All Aliases _____

Date of Birth _____ Place of Birth _____

Drivers License Number: _____ State: _____

Date of Issue: ____/____/____ Date of Expiration: ____/____/____ Social Security # ____-____-____

Please return completed form by June 1st:

Carrie Miller
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Indianapolis, IN 46225
Fax: 317-524-6200