



## ACKNOWLEDGMENT FORM FOR PERMISSION TO PERFORM A BACKGROUND CHECK

I, \_\_\_\_\_ give permission for the Florida State Fair Authority to use the following information to conduct a criminal background check for pre-employment purposes.

Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Any Aliases: \_\_\_\_\_

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

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Voluntary Disclosure of Social Security Number** - The Florida State Fair Authority is voluntarily requesting your Social Security Number (SSN) pursuant to s. 119.071 (5)(a)(2) F.S. in order to complete the pre-employment background check. FSFA will not disclose an individual's SSN without the consent of the individual to anyone outside FSFA except for the purposes mentioned in this disclosure or as otherwise mandated by law. Refusal to providing your SSN will result in the denial of employment with FSFA. FSFA is working to minimize the use of Social Security Numbers within its business processes.

If under 18 years of age,

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_