

Authorization for Release of Personal Records & Information

Print Name; First - Middle - Last

Social Security Number

Date of Birth

Print ALL other names used including maiden, married, nickname, legal name changes, etc:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Print current & former addresses; (start with current and include all addresses and dates for the past 7 years):

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

DISCLOSURE, CONSENT AND RELEASE:

My Signature below does authorize the company to now, and at any time during my employment, request any present or former employer, school, police department (Criminal History or Criminal Background Check), financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me. I further authorize the company to use any and all information included in my application for position and/or resume, and all information presented by me, or subsequently developed by the company in order that my employment qualifications may be evaluated.

According to the Fair Credit Reporting Act, if any adverse decision is made with regards to application for employment based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I am entitled to receive a copy of that report upon written request, and a disclosure of the nature and scope of the investigative report, including the name, address and telephone number of the consumer reporting agency.

I certify that all the information provided by me is true and complete to the best of my knowledge. If I am employed, any false statement given is grounds for immediate dismissal.

I hereby fully release and hold any and all parties and/or departments and/or organizations blameless and release them from any and all liability for statements or opinions made regarding my character, experience or qualifications. I sign this release with prior knowledge that individuals, departments, agencies and companies are fallible, and from time to time may make mistakes, and that this release allows the company to investigate and obtain information stated above. This information will be utilized for employment purposes only, and shall not be disclosed to any other party unless such disclosure is employment related.

I have read this statement and understand it. This release is given freely without pressure or duress. A copy or telefax of this authorization is to be accepted with the same authority as the original.

Signature

Date

Phone #