

Background Check Authorization Form

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Social Security Number: _____
- Driver's License/State ID Number: _____
- Current Address: _____
- City, State, ZIP: _____

Authorization Statement:

I, _____ (applicant's name), authorize **Concept Salon Suites** to conduct a background check, including but not limited to criminal records, rental history, and business verification. I understand that this information will be used solely for the purpose of determining my eligibility for renting a salon suite.

I release **Concept Salon Suites** and any related entities from any liability in connection with the retrieval and use of this information.

Signature: _____ Date: _____

For Office Use Only:

- Application Received: _____
- Background Check Completed: _____
- Approved/Denied: _____
- Notes: _____