

**AUTHORIZATION FOR RELEASE**  
**OF PERSONAL INFORMATION**  
**AND CRIMINAL HISTORY**  
**INFORMATION**

I, \_\_\_\_\_, do hereby authorize the review and full disclosure of all records concerning myself to a duly authorized agent(s) of **C. Anderson & Associates, LLC**, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or rating) and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the united states veteran's administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me, and the records, recollections of attorney's at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability as a candidate for employment by the **C. Anderson & Associates, LLC**. I also certify that any person(s) who may furnish such information concerning me will not be held accountable for giving this, and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize any and all law enforcement agencies to release any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal agency, to include Georgia and national crime information center files. A photocopy of this release form will be valid as an original there of, even though the said photocopy does not contain any original writing of my signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date