



Applicant's Authorization for Release and Transfer of Information

I hereby authorize _____, its employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation. I understand that information obtained pursuant to this consent shall be treated as confidential.

I authorize custodians of the records of any government agency or independent company as described herein to release and transfer such information upon request of any investigator, agent, or representative of _____. I understand that any or all of these investigations or inquiries can be preformed prior to and periodically throughout the duration of my employment.

Investigative reports may include:

- Name and Social Security Number verification
- Geographic residencies
- Birth date verification
- Criminal history or arrest records
- Motor vehicle record

I understand that the investigated information found may be re-released only as authorized by law. I understand that I am entitled to request from the company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: 1. Any adverse action/decision is made based on the information in the investigative report and 2. If the request is made in writing within 60 days of the adverse action. Upon my written request to _____ and at no cost to me, I will be provided within 10 working days with a printed copy of the information about me. If after my review of such information I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as responsibly practical.

I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release. I indemnify the release and hold harmless the company and agents of the company or others reporting to or for the company, any investigators, all former employers, and reporting agencies from any and all claims defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosers, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release I signed.

The information contained below is to be used only for identification and investigative purposes only.

TO BE COMPLETED BY APPLICANT ONLY:

Last Name	First Name	MI	Date of Birth	Social Security Number	
City, State of Birth	Current Address		City	State	Zip
Other Last Names or Aliases Used		Driver's License #		State DL Issued	
Addresses of Residency: Previous 10 years	City	State	Zip	From/To (Yrs)	

Applicant Signature

Date