AUTHORIZATION FOR RELEASE OF INFORMATION

Due to the nature of its business (**NAME OF PREMISE**) requires a background check on its employees.

My name is _____

LAST FIRST MIDDLE

My social security #: _____ Sex: M ☐ F ☐

Place of birth: _____ Date of Birth: _____

Present address _____ City, State, Zip: _____

I _____, Social Security # _____, authorize (**NAME OF PREMISE**) TO CONDUCT A BACKGROUND CHECK on me that may include access to CRIMINAL, CREDIT, CIVIL AND TRAFFIC records. I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of (**NAME OF PREMISE**) whether the said reports are public or private and including those, which may be deemed to be of a privileged or confidential nature. I understand this information is as listed in the records, and by accessing information this company is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A photocopy of this release form will be considered valid as an original hereof and will remain in my personnel file. I am of sound mind and legally competent to execute this release.

_____ _____

Employee Signature Date Signed

_____ _____

Witness Witness

---------- Or ----------

State of _____ County of _____

Sworn to and subscribed before me on this _____ day of _____, 20___.

Notary Public: _____

My commission expires: _____

PLEASE NOTE:

THIS DOCUMENT MUST BE WITNESSED BY TWO WITNESSES OR NOTARIZED BY NOTARY PUBLIC.