

DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that you may be requesting information concerning my driving record, credit history, criminal history, educational history, professional licensure and certification, workers' compensation claims, and/or other records available from various state, private, and insurance sources. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION, AND AGREE TO RELEASE THEM FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including State Departments of Labor.

TODAY'S DATE _____ SIGNATURE _____

The following must be filled out completely: (Please print)

LAST NAME FIRST NAME MIDDLE INITIAL

OTHER NAMES I AM/HAVE BEEN KNOWN BY

HOME ADDRESS

CITY STATE ZIP

OTHER CITIES/STATES IN WHICH I HAVE LIVED

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER'S LICENSE NUMBER STATE IN WHICH DRIVER'S LICENSE WAS ISSUED

Notarization is required only by certain states.
If using an embossed seal, please shade with a black crayon to clearly show raised area when faxing.
Subscribed and sworn before me,

on the _____ day of _____, 20____

Notary Public

My Commission Expires _____

I would like to receive a copy of the Consumer Report. You may be entitled to receive additional information regarding the nature and scope of this report from the Consumer Reporting Agency. (This option may not be available in all states).

FOR EMPLOYER USE ONLY