Authorization for Release of Information

The information requested below is for the purpose of conducting a background investigation which may include criminal records check, driving record, and other reports. The information regarding age, sex, race, past residence or any other legally protected status will not be used as part of any hiring, promotion, or termination decision.

PLEASE PRINT

_____ _____ _____

Last Name First Name Middle Name

_____

Other names previously used and when (maiden names, nicknames, etc.)

_____/_____/_____ _____ _____

Date of Birth (month/day/year) Social Security Number Driver's License Number

Have you ever been convicted of a crime? ” Yes ”

If yes, give details:_____

_____

ADDRESS

Current:	Street	City	County
	State	ZIP	From To
Previous:	Street	City	County
	State	ZIP	From To

I _____ hereby authorize the recipient of this release to search any of the following files which the recipient possesses, and to release the contents of those files to the prospective employer listed below and/or to its authorized Employment Information Services Agent.

” Federal, state, or county criminal history records ” Social Security Number verification ” State Driving Records ” 5 Year Employment Verification

I authorize the reporting of the contents of any of the above records to the prospective employer listed below or its authorized Employment Information Services Agent. I release the recipient of this release, the prospective employer named below, and its Employment Information Services Agent from any and all liability for obtaining and releasing such information.

Applicant's Signature: _____ Date: _____

Prospective Employer: _____

Form HR 33-95.

SAMPLE