

AUTHORIZATION FOR RELEASE OF INFORMATION

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

Full Name (no nicknames): _____

Other names previously used and when (maiden names, AKA's, etc.): _____

Social Security Number _____ Date of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Driver's License Number _____ State: _____

Have you ever been convicted of a crime? Yes No If yes, give details:

Please list all residence addresses for the past five years:

Street	City	County State	Zip Code	From	To
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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 Court Record Searches, Inc.:

- 1 Federal, state or county criminal history records
- 2 Federal bankruptcy records
- 3 Credit files of any organization or company
- 4 State driving records
- 5 Personnel files or any other employment or earnings records
- 6 Education records, including transcripts
- 7 Worker's Compensation filing records
- 8 Licensing records
- 9 Any other records which may have a bearing on my suitability for employment

I authorize the reporting of the contents of any of the above records to Court Record Searches, Inc.. I release the recipient of this release, the prospective employer named below and Court Record Searches, Inc. from any and all liability for obtaining and releasing such information.

Applicant Signature _____ Date _____

Prospective Employer _____