

RELEASE FORM TO AUTHORIZE BACKGROUND CHECK

DISCLOSURE

As part of the employment or internship process, _____
 (“**Company**”) , will conduct a background check, which I understand may include information regarding my
 Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving,
 and/or Criminal History and/or Credit History.

AUTHORIZATION

I understand that in connection with my application for Employment, Internship, Continuous Employment, and/or
 Volunteer Services, COMPANY, and its designated agents and representatives, may be performing, requesting,
 obtaining or conducting a background check on me. This background check may include an inquiry into my Employment
 History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, Criminal History
 and/or Credit History. This report may be compiled with information from credit bureaus, courts record repositories,
 departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing
 or registration entities, business or personal references, and any other source required to verify information that I have
 voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the
 background verification.

I hereby authorize COMPANY and/or its designated agents and representatives to conduct the background check on
 me.

Applicant/Employee/Intern/Volunteer Name

Address

City

State

Zip

Social Security Number

Date of Birth

Phone Number

Signature

Date

RELEASE FORM TO AUTHORIZE BACKGROUND CHECK (cont.)

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE#	POSITION	MAY WE CONTACT?
				YES NO

PREVIOUS EMPLOYER	CITY/STATE/ZIP	PHONE#	POSITION	EMPLOYMNT DATE

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRAD.
High School				
College				
Other				