

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
THIS FORM TO BE COMPLETED AND SIGNED BY JOB APPLICANT**

IN CONNECTION WITH, AND DURATION OF MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL, DRIVING, ACADEMIC AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT, DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE INFORMATION:

APPLICANT'S
SIGNATURE _____ DATE _____
PRINT FULL
NAME _____

PREVIOUS LAST NAMES _____

SOC. SEC. NO. ____ - ____ - ____ DATE OF BIRTH _____

(DOB IS REQUESTED TO INSURE ACCURATE RETRIEVAL OF RECORDS.)

CITY AND STATE OF
BIRTH _____

DRIVER'S LICENSE NO. _____ STATE OF ISSUE _____

CURRENT
ADDRESS _____

CITY, STATE, ZIP _____

PREVIOUS ADDRESS IF AT ABOVE FOR LESS THAN ONE YEAR:

CITY, STATE,
ZIP _____

PROSPECTIVE EMPLOYER:

REQUESTOR _____ (PRINT NAME)

RETURN FAX 843-233-9676/ TOLL FREE 800-588-1152

CA, MN, AND OK APPLICANTS ONLY: PLEASE CHECK HERE TO HAVE A COPY OF YOUR CONSUMER REPORT SENT DIRECTLY TO YOU BY INFO QUEST INC.