

## **Background Verification Release Form**

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AGEN	ICY I	NFORMATION	

Date		Agency Name	ency Name					
Contact N	ame							
Agency's Main Phone Number			Agency's	Agency's Fax Number				
APPLIC	ANT INFORMATIO	)N:						
Applicant Full Name (Last, First, MI)				Maiden or Other Name(s) Used				
Current Ad	ddress							
City		State	Zip	Code	County			
Social Sec	curity Number	Date of Birth		Driver's License Number	State Issued			
Position A	applied for	Contact Phone Number		Email Address				
Gender	er							
consumer relimited to, to records (fro vehicle records and drug te job perform about the responsible Apporting A	eporting agency will prepa the following areas: consum local, state, federal, inte- ords, military records, edu- esting. These reports may lance and experience alor nature and scope of any in act is also being provided to	re or assemble the reports. The scumer credit, names and dates of transional and other law enforcementational verification, license verificinclude information as to your gering with reasons for termination of investigative consumer reports by	cope of the con previous/cur ent agencies' reation, civil ca- neral reputation past employn	nsumer report/investigative or rent employment, worker's c ecords), sexual offender's list ses, OIG/GSA, OFAC/patriot in, character, personal character, to previous employers	agents and representatives or another onsumer report may include, but is no compensation claims, criminal history its, wants and warrants records, motor act, any sanction lists, finger printing cteristics, mode of living, work habits is. You may request more information of your rights under the Fair Credit			
Authorizatio	on and Release							
above, with	out any reservation, throug	r university, law enforcement or pu	ublic agency i ent/volunteer	may have. I authorize the full ng at the organization. I relea	ne which an individual, organization, I release of the information described ase all persons or entities from liability			
	t all information provided la", or copy form.	pelow is true and accurate to the	best of my kn	owledge. This authorization a	and consent shall be valid in original,			
	ng information is required l be used for any other purp		other entities	for identification purposes wh	nen checking records. It is confidential			
PLEASE PI	RINT LEGIBILY:							
Applicant's Signature			Date					
Applica	nt's Printed Name			ent/Guardian's Signature inder 18 years of age)				