Use the Tab key to advance to the next field, shift-Tab to reverse the order. (This field won't print.)

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize and request any present or former employer, educational institution, police department, financial institution, insurance agency, or other persons or entities having personal knowledge about me to furnish with any and all information, including criminal history, in their possession regarding me in connection with my application for employment with . I authorize you to accept a photocopy of this authorization with the same authority as the original, and I pecifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I certify that I have received a stand-alone notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I also certify that I have received a copy of my rights under the Fair Credit Reporting Act.

Name (please print):
Signature:
5
Address:
Social Security Number (will be used for identification purposes only):
Driver's License State of Issue (will be used for identification purposes only):
Driver's License Number: