



**AUTHORIZATION
FOR FORMAL RELEASE OF INFORMATION
THIS INFORMATION IS BEING USED FOR BACKGROUND
PURPOSES ONLY**

PERSONAL INFORMATION

First Name _____	Middle Name _____	Last Name _____		
Other Names Used (Maiden/Married/Nicknames) _____		Telephone (must include area code) _____		
Current Street Address _____	Apt# _____	City _____	State _____	Zip Code _____
1. _____				
2. _____				
3. _____				
Previous Address Within The Past Five Years				
Birthplace _____		Date of Birth _____		
Drivers License # _____		Issuing State _____		
Social Security Number _____		Citizenship _____ (Country)		

EMPLOYMENT HISTORY

Current or Previous Employer _____	Final Salary _____
Contact Name _____	From/To _____
Address _____	Tel. _____
Prior Employer _____	Final Salary _____
Contact Name _____	From/To _____
Address _____	Tel. _____
Prior Employer _____	Final Salary _____
Contact Name _____	From/To _____
Address _____	Tel. _____

EDUCATION

Degree _____	Date Issued _____	
Institution _____	Tel. _____	
Address _____	City _____	State _____

I hereby certify that I have carefully reviewed and approved the foregoing information supplied by me and that this information is true and correct to the best of my knowledge. In accordance with the Privacy Act, the Freedom of Information Act, and the Fair Credit Reporting Act. I expressly authorize Personnel Screening Services and any person associated with any Educational Institution, past or present Employer, any Law Enforcement Agency or Court, the Department of Motor Vehicles, all necessary Government and Private Agencies, Workers' Compensation, all Credit reporting Agencies to release this information to Personnel Screening Services for the purpose of being considered for employment. I hereby release Personnel Screening Services and ALL PERSONS from liability as a result of furnishing the foregoing information. I also authorize that a copy of this RELEASE be as valid as an original.

Signature _____	Date _____
Print Full Name (clearly) _____	