Authorization Release Form

By my signature below, I authorize and its designated agents to conduct a comprehensive review of my background. I understand that the scope of the background check may include, but is not limited to the following areas: (*Note: add or delete as appropriate*) education credentials, work experience, professional qualification, criminal history, sanction lists, driving records, civil cases, drug testing and public records.

I also authorize any person, educational institution, current or former employer, private or public entity contacted by or its designated agents to furnish the above records or data pertaining to me.

I fully release , its employees and designated agents, as well as educational institution, current and former employer, private and public entity, and any other person from any and all liability for damages with respect to the exchange of the above records or data.

I understand that all employees and designated agents of have agreed to maintain the confidentiality of all information related to this authorization.

The following information of me is provided for identification purposes when checking records.

Full Name of Applicant

Date of Birth Identification Number

Current Address

Signature of Applicant Date