

Release of Information Consent Form (Adult)

for

(Company Name)

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish _____ and its authorized agent, **Maximum Reports, Inc.**, to conduct a pre-employment background search. The search(s) may include criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, along with credit reports whether such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. I understand the information gathered is personal and confidential.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records, or correspondence pertaining to me, to the representatives of _____ and **Maximum Reports, Inc.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

I understand the purpose of this background check and hereby provide my consent for the background information for employment purposes. By signing this form, I agree that I have read and understand this Authorization and Consent for Release of Information and fully understand the terms of this Release.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If Applicable)

Social Security Number

Driver's License Number (If Applicable)

Date of Birth

Address

City

State

Zip

Signature of Applicant

Date

Under Federal Trade Commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the investigative reporting agency within five days of the time the report is released to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act."

Release of Information Form for Adult over 18 Years Old – Must be signed by applicant.