

# RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various county, state, private and insurance sources along with other public records available.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE DRIVING HISTORY, EARNINGS HISTORY, CREDIT HISTORY, WORKER'S COMP. CLAIMS; CHARACTER, AND EMPLOYMENT RECORDS AND ANY OTHER INFORMATION REQUESTED TO ADVANCED INFORMATION RESEARCH. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

This release includes all county, state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of information. I understand that I may request and have the right to receive a copy of my consumer investigative report.

This information is being verified by: **ADVANCED INFORMATION RESEARCH**. Any questions should be directed to the following address:

**ADVANCED INFORMATION RESEARCH**

11403 Cronridge Drive, Suite #232

Owings Mills, MD 21117

Telephone: 410-654-5665

800-469-4473

Fax: 410-654-9994

800-675-4473

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**The following must be filled in completely for your application to be considered.  
(PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE WHERE DRIVER'S LICENSE ISSUED