Sample Background Check Release

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Due to the nature of its business **(NAME OF PREMISE)** requires a background check on its employees.

My name is

**LAST**

**FIRST**

**MIDDLE**

F

My social security #:

Place of birth:

Sex:

M

Date of Birth:

City, State, Zip:

Present address

I ,

Social Security #

 , authorize

**(NAME OF PREMISE)** TO CONDUCT A BACKGROUND CHECK on me that may include

access to CRIMINAL, CREDIT, CIVIL AND TRAFFIC records. I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of **(NAME OF PREMISE)** whether the said reports are public or private and including those, which may be deemed to be of a privileged or confidential nature. I understand this information is as listed in the records, and by accessing information this company is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A photocopy

of this release form will be considered valid as an original hereof and will remain in my personnel file. I am of sound mind and legally competent to execute this release.

Employee Signature

Date Signed

Witness

Witness

Or

State of

County of

Sworn to and subscribed before me on this day of , 2002.

 My commission expires: Notary Public

**PLEASE NOTE:**

**THIS DOCUMENT MUST BE WITNESSED BY TWO WITNESSES OR NOTARIZED BY NOTARY PUBLIC.**