

AUTHORIZATION TO RELEASE INFORMATION

I, _____ understand that investigative inquiries on my background, in accordance with the
(Print Name)

Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that ***A RoGeo Services, Inc.*** (here, thereafter referred to as ***A RoGeo***) and/or any of its agents may make inquiries, including but not limited to my worker's compensation history, medical records, consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that ***A RoGeo*** relay requested information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize without reservations any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by ***A RoGeo*** to furnish any or all of my information. In addition, I hereby release ***A RoGeo*** from all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons who in good faith, provide to ***A RoGeo*** the above mentioned information as requested, in order to successfully complete a background investigation. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by ***A RoGeo***.

PRINT FULL NAME _____ ***Current Telephone #***(_____) _____

MAIDEN or Other Names Used _____ ***Cellular or Pager #***(_____) _____

SOCIAL SECURITY NO. ____ - ____ - ____ DATE OF BIRTH ____ / ____ / ____

DRIVER'S LICENSE NO. _____ STATE _____ *SEX _____ *RACE _____

1) – Current Address - _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

2) - Previous Address - _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

3) – Previous Address - _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

APPLICANT'S SIGNATURE _____ **DATE** _____

NOTARY SIGNATURE _____

PRINT NAME _____

STATE _____ COUNTY _____ COMMISSION EXPIRES _____

* *Date of birth, sex, and race are being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes..*