

UNITED CENTER

CONSENT FOR RELEASE OF INFORMATION

Please fill in the following information for background identification purposes:

NAME: (Please print as it appears on your driver's license or I.D. Card):

FIRST	MIDDLE	LAST	MAIDEN
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Indicate any other names you may have used (other married names, nicknames, etc.) Please print:

List all addresses you have resided at within the past TEN years:

PRESENT:

Street Number	Street Name	Apt #	City	State	Zip
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Street Number	Street Name	Apt #	City	State	Zip
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Street Number	Street Name	Apt #	City	State	Zip
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Driver's License Number: _____ Issuing State: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of ANY criminal offense (felony or misdemeanor)? If so explain on a separate sheet of paper and attach to this form: _____ YES _____ NO.

I am a citizen of (name country): _____

I certify that I have reviewed the foregoing information supplied by me and that it is true and correct to the best of my knowledge. In accordance with the Privacy Act, Freedom of Information Act, and the Fair Credit Reporting Act, I authorize the background company and any person associated with any educational institution, past or present employer, any law enforcement, court, driving records, or credit reporting agency to RELEASE this information to the background agency for the purpose of being considered for employment. RELEASE the background company and all persons from liability as a result of furnishing the foregoing information. I also authorize that a copy of the RELEASE be as valid as an original.

Signature: _____ Date: _____