

## AUTHORIZATION TO RELEASE INFORMATION FORM

*To be completed by Corporations, Sole Proprietorships, and Other Partnerships (Not required for Banks)*

**Note: Submitting an incomplete or illegible form may delay the background check results.**

I hereby AUTHORIZE the request of my information to any law enforcement agency or third party organization, to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign.

I am authorizing a background check for the purpose of evaluating me for tenant, employment, promotion, reassignment, reclassification, transfer, or retention as an employee. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

**PRINT NAME:**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

***Current Address:***

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
How Long?

**DATE OF BIRTH:**

**SOCIAL SECURITY #:**

**HOME PHONE #:**

**BUSINESS PHONE #:**

**OTHER NAMES YOU HAVE USED:**

**SINCE YOUR 18<sup>TH</sup> BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT?** ☐ YES ☐ NO

***If yes, please indicate date, location and explanation:***

***Complete driver's license information only if this position requires that you drive a motor vehicle.***

**DRIVER'S LICENSE INFORMATION:**

\_\_\_\_\_  
License number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
State of Issue

**PRIVACY NOTICE**

The Information Practices Act of 1977 (effective July 1, 1978) requires you to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for available positions. The federal statute authorizes the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the petition for this information is for companies to be informed of my current records, previous records and character. I understand that my employment depends upon successful completion of a background investigation, by first or third party organizations, to verify information and obtain all records held by government or private entities. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

**APPLICANT/EMPLOYEE/TENANT**

**DATE:**

**SIGNATURE:**