**INFORMATION RELEASE FORM / CONSENT**

To Whom It May Concern,

I,

(Last Name) (First Name) (Middle Name)

Hereby authorize, **cFirst Background Checks LLP** and/or any of its subsidiaries or affiliates or partners or vendors, and any persons or organizations acting on its behalf, to verify information presented on my employment application and to compile a background report for that purpose. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous employment &Criminal records held by any company or business for which I previously worked. This information should include, but not be restricted to, the dates of employment, designation, details of my salary upon departure and an appraisal of my performance, capabilities and character. I hereby release from liability, all persons or entities requesting or supplying such information.

**Date:**

**Candidate’s Signature**

**Location:**