

Criminal Authorization Form

RELEASE OF INFORMATION AUTHORIZATION

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO
RELEASE TO

AND/OR ITS REPRESENTATIVE TO OBTAIN A CRIMINAL BACKGROUND.

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL
INDIVIDUALS CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE
WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION...

NAME(PRINT)_____ DATE OF BIRTH_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

SIGNATURE_____

DATE_____ SOCIAL SECURITY #_____