

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any registrar, dean, principal or other authorized person or school (university, college, high school, vocational school, or other); any former employer; any law enforcement agency; any department or agency of a city, county, state or federal government; any person having knowledge of my conduct or activities; or any concerned credit bureau. I hereby authorize PFC Information Services, or authorized representative bearing this release or copy thereof, and the requester listed below to conduct a background check including, but not limited to, educational records, workers' compensation records, court documents or other public records, driving records, criminal records, credit reports, or employment records. I authorize all persons who may have information relevant to this check to disclose this information to PFC Information Services, or its agent, and I hereby release all persons from liability on account of such disclosure. This release shall remain in effect for the future preparation of consumer reports, unless I revoke this authorization in writing and send a copy of the revocation to PFC Information Services, Inc. I hereby further authorize that a photocopy or fax of this authorization can be considered as valid as an original. Should there be any questions as to the validity of this release, I can be contacted as indicated below.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

SIGNATURE OF APPLICANT _____ (Date)

PLEASE PRINT CLEARLY
NAME (As listed on Driver's License) _____
(First) (Middle) (Last)

PERMANENT ADDRESS _____
(Street) (City) (Country) (State) (Zip)

PLEASE TELL US ABOUT OTHER NAMES & ADDRESSES USED DURING LAST 10 YEARS
(City) (State) (Zip) (Name Used) (Dates)

DATE OF BIRTH: ____/____/____ (Month/Day/Year) SOCIAL SECURITY #: ____-____-____
DRIVER'S LICENSE #: _____ ISSUING STATE: _____

Note: Signature of applicant constitutes acknowledgement by the applicant that he/she is aware that an investigative report and/or consumer report may be ordered. To request a copy of the investigative and/or consumer report, please check the box. [] Copy of Report. If a credit report has been requested and the applicant wishes to obtain a free copy of the credit report from TransUnion, please check the box. [] Copy of Credit Report.

THIS SECTION IS TO BE COMPLETED BY THE REQUESTER OF THE REPORT

REQUESTER OF REPORT _____ EMAIL _____

PLEASE PRINT CLEARLY: Applicant's Date of Birth, Social Security # and Driver's License #.
____/____/____ - ____-____-____
(Date of Birth - Month/Day/Year) (SSN) (DMV #)

- [] 7 Yr. Criminal Checks (City/State) [] Credit Report
[] Workers' Comp [] Social Security Number Verification
[] Civil Court Records (City/State) [] Driving Record (State)
[] National Wants & Warrants [] Previous Employment (Attach Names & Phone #'s)
[] National Criminal File [] Educational Verification (Attach Names of Schools/Dates)

Locations for criminal/civil checks Names to be checked for criminal/civil records

