

Backgrounds Plus LLC

AUTHORITY TO RELEASE INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____

Current Address: _____
(street, city, state, zip)

Previous Address: _____
(street, city, state, zip)

Date of Birth*: _____ **Social Security #:** _____
*Date of Birth is being requested in order to obtain accurate retrieval of records.

Phone Number: _____ **Sex:** _____

Driver's License #: _____ **State:** _____

I hereby authorize any officer, or authorized representative of Backgrounds Plus LLC, bearing this release, or copy thereof to obtain any information you may have pertaining to my employment, residence, military, credit, criminal, driving or educational records, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary records, payment history, and complete residence history. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Backgrounds Plus LLC, and it's client. Consent is granted for Backgrounds Plus LLC, to furnish such information, as is described above, to third parties in the course of fulfilling it's official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, consumer reporting agency, or retail business establishment, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. Should any questions arise about the validity of this release, you may contact me as indicated.

SIGNATURE

WITNESS

DATE

REQUESTED BY

Please return results to: Donnelly College

PLEASE CHECK THE SERVICES YOU ARE REQUESTING

SSN SEARCH	LOCAL CRIMINAL	STATEWIDE CRIMINAL	DRIVING RECORD	DRUG SCREEN	SEX OFFENDER
X		X			X