

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize _____, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	

**PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.
ADDITIONAL YEARS SEARCHED AT CLIENT'S REQUEST.**

APPLICANT INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

ALIAS INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

OTHER INFORMATION	
Date of Birth:	
Social Security Number:	
Mother's Maiden Name:	
Drivers License Number:	
State Drivers License Is Issued:	

(PLEASE PRINT CLEARLY)

National Background Investigations, Inc.
PO Box 966, Stevensville, MD 21666
410.604.6200 (P) 410.604.2496 (F)

CURRENT ADDRESS			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (1)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

PREVIOUS ADDRESS (2)			
Street			
City	State	Zip Code	County
Date From:		Date To:	

(PLEASE PRINT CLEARLY)

National Background Investigations, Inc.
 PO Box 966, Stevensville, MD 21666
 410.604.6200 (P) 410.604.2496 (F)