

Employee Authorization to Release Records

The information contained in this application is correct to the best of my knowledge.

I, _____, hereby authorize **(Organization Name)** and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes.

I understand that the scope of the background check may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background (including the release of transcripts); character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **(Organization Name)** or its agents.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **(Organization Name)**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me because of compliance with this authorization and request to release.

Name _____ SSN _____

Other names (maiden / married) _____

Date of birth ____/____/____ Driver's liscence _____

Current Address _____

Former Address _____

Signature _____ Date _____