



INTEGRITY VERIFICATIONS, INC.

EMPLOYEE SCREENING · DRUG TESTING · FINGERPRINTING · POLYGRAPHS · LOSS PREVENTION

AUTHORITY TO RELEASE INFORMATION

I, _____, having made application with _____, and
(applicant) (Company Applying With)

desiring that they be informed of my personal records pertinent to their investigation, hereby authorize their agents, INTEGRITY VERIFICATIONS to investigate into all records that may be of interest to them. This authorization includes, but is not limited to references, education, credit, employment, criminal and court records, whether privileged or not.

This authorization to furnish information is executed in consideration of my possible employment with _____ and shall serve as a release of liability to
(Company Applying With)

all parties furnishing such information to INTEGRITY VERIFICATIONS, and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Signature of Applicant: _____

Print Full Name: _____

Address _____

SSN _____

DOB _____

Current Drivers License / State _____