

**RELEASE FORM FOR CONSUMER REPORTS**

From: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative reports which may contain public record information, may be requested or made on me, including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience, along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local, and other agencies, which contain my past activities.

I hereby authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print Name: \_\_\_\_\_

Maiden Name or AKA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other counties you have lived in the past 10 years:**

County: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

**For Identification Purposes Only:**

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Professional License: State: \_\_\_\_\_ Type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this form to FAX: 951-279-8399  
Office Phone: 909-319-4938  
Email to: INFO@CLESCERIINVESTIGATIONS.COM**

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