

## AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

Investigative Associates & Consultants, Inc. (336) 768-7040 Telefax: (336) 768-2728 E-mail: info@iacinvestigations.com

I, \_\_\_\_\_, understand that in consideration of my application, an investigation will be conducted. I authorize \_\_\_\_\_, (hereafter known as the Requestor) through its agent, **Investigative Associates & Consultants, Inc.**, to conduct such an investigation which may include, but not be limited to, the gathering of information regarding verification of prior employment, education, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I further understand that at any time during the course of my affiliation with, the Requestor, through its agent, **Investigative Associates & Consultants, Inc.**, in accordance with all applicable state and federal laws, may obtain additional or supplemental investigative reports to be used in connection with my association as an affiliate of the Requestor. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Last (Please print Full Name – Do not use initials)	First Middle	Social Security #	Mo.	Day	Yr
			Date of Birth		
Maiden, Previous Married, and all other Alias names used	Driver's license #	State	Sex	Race	
Applicant's Telephone Number	Applicant's email address				

Present Address	City/State	Zip/County	Yr	Mo
			How long?	

**List all other addresses used for the past 7 years - use additional page(s) if needed.**

Previous Address	City/State	Zip/County	Yr	Mo
			How long?	

Previous Address	City/State	Zip/County	Yr	Mo
			How long?	

**If you have lived in the following states within the last seven years; Georgia, New Hampshire, Nevada, New Jersey, Ohio, South Dakota, or West Virginia you will be asked to complete an additional form in order to complete your application.**

**If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.**

**A telephone facsimile or photographic copy of this authorization shall be as valid as the original.**

Applicant's Signature	Date
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**Checking this box signifies an electronic signature**

### CLIENT USE ONLY

<input type="checkbox"/> SS # Trace	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Driving History	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> OIG Search	<input type="checkbox"/> FACIS Level-3	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Drug Screening
<input type="checkbox"/> National Rapsheet	<input type="checkbox"/> OFAC	<input type="checkbox"/> Federal Criminal/Civil	<input type="checkbox"/> Education Verification	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Professional References	<input type="checkbox"/> NC Healthcare Personnel Registry	<input type="checkbox"/> E-Verify
<input type="checkbox"/> SAM Database	<input type="checkbox"/> License Verification	<input type="checkbox"/> FBI Most Wanted	<input type="checkbox"/> Interpol	<input type="checkbox"/> International Criminal	<input type="checkbox"/> Dept. of Corrections	<input type="checkbox"/> Death Master File	<input type="checkbox"/> Address Verification
<input type="checkbox"/> Package A	<input type="checkbox"/> Package B	<input type="checkbox"/> Package C	<input type="checkbox"/> Package D	<input type="checkbox"/> Package E	<input type="checkbox"/> Package F	<input type="checkbox"/> Custom Package	

**Recruiter:** \_\_\_\_\_

**Date:** \_\_\_\_\_